



State Laws Relating to Breast Cancer

Division of Cancer Prevention and Control

Legislative Summary

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
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State Laws Relating to Breast Cancer

Introduction

The following is a digest of significant statutes affecting breast cancer from the 50 States and the District of Columbia. These statutes reflect the past and present concerns of State legislatures regarding breast cancer. Most statutes addressing breast cancer are of recent (post-1980) origin, but research has identified relevant laws as far back as 1949. For example, an Alabama law from that year required that the State Board of Health's program for indigent cancer sufferers include examinations for breast cancer.*

Over the past two decades, State legislatures have addressed a number of different areas relating to breast cancer. In the early 1980s, several States mandated that health insurers reimburse policyholders for breast reconstruction or prosthetics incident to mastectomy. A decade later, with the increasing incidence of breast cancer, the legislative focus turned to prevention. All but three States now require that health insurance policies offer reimbursement for mammography screening.

This summary was updated in August 1998. It covers all legislation and new statutes enacted up through the end of June 1998.

Major areas of legislative activity include the following:

Breast Cancer Screening and Education Programs

Research located 23 States that have created breast cancer screening and education programs by statute. These public health programs address breast cancer control and may include mammography for low-income or underserved populations, distribution of brochures or standardized summaries of treatment methods, the operation of referral services and cancer registries, and the creation of advisory councils.

Reimbursement for Breast Cancer Screening

Most jurisdictions have traditionally required insurance coverage of preventive care in general. In 1981, only one State specifically required that insurers cover mammograms. By the end of June 1998, the District of Columbia and 44 States had mandated health insurance reimbursement for breast cancer screening using mammography. These statutes, most of which were enacted since 1989, typically apply to accident and health insurers, health maintenance organizations (HMOs), and hospital and medical service corporations ("the Blues"). Several States have separate provisions for public employee health insurance plans or Medicare supplement insurance. Some States require mammography coverage only if the

* see page 17.

insurer also covers mastectomies or prosthetic devices. By statute, mandated mammography coverage specifically applies to Medicaid or comparable medical assistance programs in eight jurisdictions (Alabama, California, the District of Columbia, Illinois, Montana, Nebraska, New Mexico, and Ohio). By statute or agency policy, Medicaid or public assistance programs in all 50 States and the District of Columbia cover mammography screening for breast cancer either routinely or upon a physician's recommendation.

The abstracts included in this digest indicate age and frequency requirements for mammograms. A majority of States mandate coverage for a baseline mammogram for women aged 35 to 39, mammograms every two years for women in their 40s, and annual mammograms for those aged 50 and older. In addition, many State mandates address "women at risk." These mandates typically require coverage of screening mammography annually or upon a physician's recommendation for any woman who has a personal or family history of breast cancer, or who has not given birth by age 30.

Most States' coverage mandates include quality assurance requirements for mammography. These provisions typically require that the equipment used be specifically designed and dedicated for mammography. Coverage may also include a physician's interpretation of the results.

Reimbursement for Breast Reconstruction or Prosthesis

Twenty-five States require health insurance reimbursement for post-mastectomy breast reconstruction or prosthesis. Some States require coverage of reconstruction or prosthesis only if the insurer also covers surgical services for mastectomies. In addition to reconstruction of the diseased breast, many States require reimbursement for reconstructive surgery on the nondiseased breast, performed in order to achieve symmetry following a mastectomy.

Accreditation of Facilities

Analysis revealed that 17 jurisdictions have enacted specific laws addressing accreditation of facilities. The earliest of these provisions went into effect in 1989. These statutes specifically provide for the licensing or certification of mammography facilities and operating personnel, and are in addition to or in lieu of statutes governing radiology generally.

The provisions often explicitly incorporate American College of Radiology Mammography Accreditation Program guidelines or reference the Mammography Quality Standards Act of 1992.

Alternative Therapies

In statutes dating primarily from the mid-1980s, 13 States require that physicians inform patients of the advantages, disadvantages, and risks of medically viable alternative therapies for the treatment of breast cancer. These laws may require use of a standardized written summary prepared by a State agency, or the posting of signs outlining these alternatives. Some States also require the use of written consent for treatment forms signed by all breast cancer patients, verifying that they have received the information mandated by these statutes.

Reimbursement for Chemotherapy and/or Bone Marrow Transplants

Nine States require insurers to offer coverage for chemotherapy and/or bone marrow transplants for the treatment of breast cancer. Seven of these nine laws have come into effect since 1993. The statutes typically include quality assurance provisions relating to treatment facilities and protocols, and require that coverage levels be no less favorable than for other services.

Income Tax Checkoff for Breast Cancer Funds

Since 1993, nine States have enacted laws that enable taxpayers to contribute to State breast cancer funds via income tax checkoffs. Contributions can be designated on individual or corporate income tax returns. The funds are used to support breast cancer research or screening and education programs within the State.

Reimbursement for Length of Stay/Inpatient Care Following Mastectomy

In 1997, 14 States enacted laws relating to reimbursement for specified lengths of inpatient stay in the hospital following mastectomy, and/or lumpectomy and lymph node dissection. Three of these bills became effective on January 1, 1998. Several of these laws also mandate reimbursement for outpatient visits following hospital discharge if a shorter length of stay is elected by the patient in consultation with their attending physician.

Less common statutory provisions relating to breast cancer address the following:

- # Restrictions on the denial of insurance coverage for breast cancer survivors (Connecticut, Florida, New York, and Washington)
- # Informed consent for the treatment of breast cancer (Montana, Pennsylvania, and Virginia)
- # Funds for breast cancer research, screening, diagnosis, and treatment (Alabama, California, Rhode Island, and West Virginia)
- # Reporting requirements for mammography services (Maine)
- # Breast cancer early detection instruction in public schools (Massachusetts)
- # Awards for breast cancer early detection and research (New York)
- # Special license plates supporting breast cancer screening and research (Alabama, Oklahoma)
- # Advertising of mammography services (Oklahoma)

What You Should Know About this Summary

Court or regulatory agency decisions may modify statutes. For example, the South Carolina Supreme Court ruled in 1987 that a health maintenance organization could not exclude coverage for post-mastectomy reconstructive surgery.

In most instances, the abstracts in this digest reflect the terminology used by the respective State legislature. Statutory citations appear at the beginning of each abstract indicating the

location of the law in the current edition of the appropriate State code(s). The citations do not include Act and Bill numbers, except in a few abstracts of laws not yet codified when this document was prepared. In most instances, the abstract indicates the effective date of the statute. Abstracts omit the dates of minor modifications or editorial changes found in subsequent amendments.

For statutes mandating insurance coverage for specific procedures, the abstracts indicate the types of policies subject to the mandates and any limits on coverage. The abstracts also indicate if the insurance provisions contain any quality assurance requirements.

Table I shows which States have enacted laws in the major areas of legislative activity discussed above. The years in which these statutes came into effect are shown in Table II. Table III summarizes the provisions of State laws relating to reimbursement for breast cancer screening.

TABLE I**STATE LAWS AFFECTING BREAST CANCER**

	Breast Cancer Screening and Education Programs	Reimbursement for Breast Cancer Screening	Reimbursement for Breast Reconstruction or Prosthesis	Accreditation of Facilities	Alternative Therapies	Reimbursement for Chemotherapy and/or Bone Marrow Transplants	Income Tax Checkoff for Breast Cancer Funds	Length of Stay/ Inpatient Care Following Mastectomy
Alabama	M	M						
Alaska		M						
Arizona		M	M	M				
Arkansas	M	M	M	M				M
California	M	M	M	M	M		M	
Colorado	M	M		M				
Connecticut	M	M	M				M	M
Delaware	M	M					M	
District of Columbia		M						
Florida	M	M	M	M	M			M
Georgia	M	M				M		
Hawaii								
Idaho		M		M				
Illinois	M	M	M	M			M	M
Indiana		M	M					
Iowa		M		M				
Kansas	M	M			M			
Kentucky	M	M	M		M	M		
Louisiana		M	M					
Maine		M	M		M			M
Maryland	M	M	M	M	M			
Massachusetts	M	M		M		M		
Michigan	M	M	M	M	M			
Minnesota		M			M	M		
Mississippi								
Missouri		M	M	M		M		

TABLE I (CONTINUED)

STATE LAWS AFFECTING BREAST CANCER

	Breast Cancer Screening and Education Programs	Reimbursement for Breast Cancer Screening	Reimbursement for Breast Reconstruction or Prosthesis	Accreditation of Facilities	Alternative Therapies	Reimbursement for Chemotherapy and/or Bone Marrow Transplants	Income Tax Checkoff for Breast Cancer Funds	Reimbursement for Length of Stay/ Inpatient Care Following Mastectomy
Montana		M	M		M			M
Nebraska	M	M						
Nevada		M	M	M				
New Hampshire		M				M		
New Jersey	M	M	M			M	M	M
New Mexico		M						M
New York	M	M	M		M		M	M
North Carolina		M	M					M
North Dakota		M						
Ohio		M						
Oklahoma	M	M	M				M	M
Oregon								
Pennsylvania		M	M	M	M		M	M
Rhode Island		M	M	M				M
South Carolina								
South Dakota	M	M						
Tennessee		M	M			M		
Texas	M	M	M	M	M			
Utah	M			M				
Vermont		M						
Virginia		M	M		M	M	M	M
Washington		M	M					
West Virginia	M	M						
Wisconsin	M	M						
Wyoming								

TABLE II

STATES WITH MAJOR BREAST CANCER STATUTES IN EFFECT BY YEAR,
1980-1998

	1 9 8 0	1 9 8 1	1 9 8 2	1 9 8 3	1 9 8 4	1 9 8 5	1 9 8 6	1 9 8 7	1 9 8 8	1 9 8 9	1 9 9 0	1 9 9 1	1 9 9 2	1 9 9 3	1 9 9 4	1 9 9 5	1 9 9 6	1 9 9 7	1 9 9 8	T o t a l
Breast Cancer Screening and Education Programs	AL				KY		GA MD MI		CO	IL NY	WI	NE SD TX	UT WV	KS NJ	CA	FL OK	CT	AR DE MA		23
Reimbursement for Breast Cancer Screening		IL			VA			MA TX	AZ CA CT FL KS MN RI	IN MI NV NH ND OK TN WV	AR CO GA KY ME MD MT NE NJ SD WA WI	AK DC IA ME MD MT NE NJ VT	ID LA NC OH PA	DE				AL		45
Reimbursement for Breast Reconstruction or Prosthesis	CA	AZ IL		MI NJ WA				FL		NV						ME	MD	AR CT IN NC OK RI TN TX	KY LA MO MT NY PA VA	25

TABLE II (CONTINUED)
STATES WITH MAJOR BREAST CANCER STATUTES IN EFFECT BY YEAR,
1980-1998

	1 9 8 0	1 9 8 1	1 9 8 2	1 9 8 3	1 9 8 4	1 9 8 5	1 9 8 6	1 9 8 7	1 9 8 8	1 9 8 9	1 9 9 0	1 9 9 1	1 9 9 2	1 9 9 3	1 9 9 4	1 9 9 5	1 9 9 6	1 9 9 7	1 9 9 8	T o t a l
Accreditation of Facilities										MI NV RI	AR	FL MA	IL IA MD MO PA UT	CA CO ID	AZ TX					17
Alternative Therapies	CA		MN		FL KY PA VA		MD MI			ME		TX		KS					MT NY	13
Reimbursement for Chemotherapy and/or Bone Marrow Transplants				NJ							VA			NH	MA	GA MN	KY MO TN			9
Income Tax Checkoff for Breast Cancer Funds														IL	CA OK	NJ	DE NY	CT PA VA		9
Reimbursement for Length of Stay/Inpatient Care Following Mastectomy																		AR CT FL IL NJ NM NC OK RI	ME MT NY PA VA	14

TABLE III
STATE LAWS ON REIMBURSEMENT FOR BREAST CANCER SCREENING

	Mandates Reimbursemen t for Breast Cancer Screening	Mandate Applies to Medicaid or Public Assistance	Mandate References Public Employee Health Benefits	Mandate Applies to Medicare Supplement Insurance	Age and Frequency Provision	"Woman at Risk" Provision
Alabama	M	M			M	
Alaska	M				M	M
Arizona	M				M	
Arkansas	M				M	M
California	M	M			M	
Colorado	M				M	M
Connecticut	M			M	M	
Delaware	M				M	M
District of Columbia	M	M				
Florida	M				M	M
Georgia	M				M	M
Hawaii						
Idaho	M				M	
Illinois	M	M	M		M	
Indiana	M		M	M	M	M
Iowa	M				M	
Kansas	M					
Kentucky	M				M	
Louisiana	M		M		M	
Maine	M				M	
Maryland	M	M		M	M	
Massachusetts	M				M	
Michigan	M				M	
Minnesota	M			M		
Mississippi	M				M	
Missouri	M				M	M
Montana	M	M			M	

TABLE III (CONTINUED)**STATE LAWS ON REIMBURSEMENT FOR BREAST CANCER SCREENING**

	Mandates Reimbursement for Breast Cancer Screening	Mandate Applies to Medicaid or Public Assistance	Mandate References Public Employee Health Benefits	Mandate Applies to Medicare Supplement Insurance	Age and Frequency Provision	"Woman at Risk" Provision
Nebraska	M	M			M	M
Nevada	M				M	
New Hampshire	M				M	
New Jersey	M				M	
New Mexico	M				M	
New York	M				M	M
North Carolina	M		M		M	M
North Dakota	M				M	
Ohio	M	M	M		M	M
Oklahoma	M				M	
Oregon						
Pennsylvania	M				M	
Rhode Island	M					
South Carolina	M				M	
South Dakota	M				M	
Tennessee	M				M	
Texas	M			M	M	
Utah						
Vermont	M				M	
Virginia	M		M		M	
Washington	M					
West Virginia	M		M		M	
Wisconsin	M				M	
Wyoming	M					

STATUTES

Alabama

Ala. Code § 22-13-6
Ala. Code §§ 27-50-1 to 27-50-7
Ala. Code § 32-6-591

Alaska

Alaska Stat. § 21.42.375

Arizona

Ariz. Rev. Stat. Ann. §§ 20-826(I), 20-934(G), 20-1057(J), 20-1342(A)(10), 20-1402(A)(6), 20-1404(H)
Ariz. Rev. Stat. Ann. §§ 20-826(H), 20-934(F), 20-1057(I), 20-1342(A)(9), 20-1402(A)(5), 20-1404(G)
Ariz. Rev. Stat. Ann. §§ 32-2841 to 32-2843

Arkansas

Ark. Stat. Ann. § 23-79-140
Ark. Stat. Ann. §§ 20-15-1001 to 20-15-1006
Ark. Stat. Ann. §§ 20-15-1301 to 20-15-1304, 26-57-201, 26-57-1101 to 26-7-1108
Ark. Stat. Ann. § 23-99-405

California

Cal. Revenue & Tax. Code § 30461.6
Cal. Health & Safety Code § 1367.65
Cal. Ins. Code § 10123.81
Cal. Welf. & Inst. Code § 14132.16
Cal. Health & Safety Code § 1367.6
Cal. Ins. Code § 10123.8
Cal. Welf. & Inst. Code § 14132.6
Cal. Health & Safety Code §§ 25671(b), 25815(e), 25827, 115100, 115115
Cal. Health & Safety Code §§ 1704.5, 1704.55, 109275 to 109277
Cal. Revenue & Tax. Code §§ 18791 to 18796
Cal. Health & Safety Code § 104145

Colorado

Colo. Rev. Stat. Ann. §§ 25-4-1501 to 25-4-1506
Colo. Rev. Stat. Ann. § 10-16-104(4)
Colo. Rev. Stat. Ann. §§ 25-11-101 to 25-11-105.5

Connecticut

Conn. Gen. Stat. Ann. §§ 19a-266
Conn. Gen. Stat. Ann. §§ 38a-495, 38a-503, 38a-522, 38a-530
Conn. Gen. Stat. Ann. §§ 38a-530a, 38a-503a, 38a-476
Conn. Gen. Stat. Ann. §§ 38a-504
Conn. Public Act No. 286-1997; 1997 House Bill 6891

Delaware

Del. Code Ann. 18 § 3552
Del. Code Ann. 30 § 1159
Del. Public Act 132, 1997 Del. House Bill 375

District of Columbia

D.C. Code Ann. §§ 35-2401 to 35-2403

Florida

Fla. Stat. Ann. § 240.5121(4)(m)

Fla. Stat. Ann. §§ 627.6418, 627.6419, 627.6613, 641.31095

Fla. Stat. Ann. §§ 627.6417, 627.6515(2), 627.6612, 641.3

Fla. Stat. Ann. § 404.22(6)

Fla. Stat. Ann. §§ 458.324, 459.0125

Fla. Stat. Ann. §§ 627.64171, 627.66121, 641.31

Fla. Stat. Ann. §§ 627.64172, 627.6419, 627.6612, 641.31096

Georgia

Official Code of Ga. Ann. § 43-34-21

Official Code of Ga. Ann. §§ 33-29-3.2, 33-30-4.2

Official Code of Ga. Ann. §§ 33-29-3.3, 33-30-4.4

Hawaii

Hawaii Rev. Stat. §§ 431:10A-116(4), 432:1-605

Idaho

Idaho Code Ann. §§ 41-2144, 41-2218, 41-3441, 41-3936, 41-4025

Idaho Code Ann. § 39-3030

Illinois

20 ILCS 2305/2, 2310/55.49

305 ILCS 5/5-4.39

215 ILCS 5/356g(a), 5/356u, 125/4-6.1

215 ILCS 5/356g(b)

420 ILCS 40/5, 40/24.5, 40/25, 40/28(b)

20 ILCS 2310/55.70; 35 ILCS 5/507L, 5/509, 5/510

65 ILCS 5/10-4-2.3, 105 ILCS 5/10-22.3F, 215 ILCS 5/356T, 305 ILCS 375/6.9

Indiana

Ind. Code Ann. §§ 27-8-14-1 to 27-8-14-6

Ind. Code Ann. § 5-10-8-7.2

Ind. Code Ann. §§ 27-8-5-26, 27-13-7-14

Iowa

Iowa Code Ann. § 514C.4

Iowa Code Ann. § 136C.15

Kansas

Kan. Stat. Ann. §§ 40-2229, 40-2230

Kan. Stat. Ann. § 65-2836(m)

Kentucky

Ky. Rev. Stat. Ann. §§ 214.550 to 214.556

Ky. Rev. Stat. Ann. §§ 304.17-316, 304.18-098, 304.32-1591, 304.38-1935

Ky. Rev. Stat. Ann. § 311.935

Ky. Rev. Stat. Ann. §§ 304.17-3165, 304.17a-135, 304.18-0985, 304.32-1595,
304.38-19361998

Ky. House Bill 864

Louisiana

La. Rev. Stat. Ann. § 22:215.11
1997 La. ALS 1341; 1997 La. ACT 1341; 1997 La. SB 699

Maine

Maine Rev. Stat. Ann. 24 §§ 2320-A, 2745-A, 2837-A, 4237-A
Maine Rev. Stat. Ann. 24 §§ 2332-F, 2850-A, 4241
Maine Rev. Stat. Ann. 24 §§ 2320-C, 2745-C,
2837-C, 4237
Maine Rev. Stat. Ann. 22 § 8711.2
Maine Rev. Stat. Ann. 24 § 2905A

Maryland

Md. Ann. Code § 19-348
Md. Health-General Code § 15-814
Md. Ann. Code § 15-907
Md. Ann. Code Art. 48A, § 490 FF, 15-815
Md. Health-General Code Ann. § 19-706(d)
Md. Health-General Code Ann. § 20-115
Md. Ann. Code § 20-113
1998 Md. House Bill 766; 1998 Senate Bill 634

Massachusetts

Mass. Gen. Laws Ann. Ch. 175 §§ 47G, 110; Ch. 176A § 8J; Ch. 176B § 4I;
Ch. 176G § 4
Mass. Gen. Laws Ann. Ch. 111 § 5Q
Mass. Gen. Laws Ann. Ch. 175 § 47M; 176A § 8O; Ch. 176B § 4O; Ch. 176G § 4F; Ch.
32A § 17D; Ch. 175 § 47R
Mass. Gen. Laws Ann. Ch. 71 § 1
1997 Mass. ALS 43; 1997 House Bill 4700

Michigan

Mich. Comp. Laws §§ 333.9501, 333.9503
Mich. Comp. Laws §§ 333.21054a, 500.3406d, 500.3614, 550.1416
Mich. Comp. Laws §§ 500.3613, 500.3406A, 550.1415
Mich. Comp. Laws §§ 333.17013, 333.17513

Minnesota

Minn. Stat. Ann. §§ 62A.30, 62A.315
Minn. Stat. Ann. § 144.651(9)
Minn. Stat. Ann. §§ 62A.307, 62A.309

Mississippi

1998 Ms. Senate Bill 2215

Missouri

Mo. Rev. Stat. § 376.782
Mo. Rev. Stat. §§ 192.760 to 192.766
Mo. Rev. Stat. § 376.1200
Mo. Rev. Stat. § 376.1209

Montana

Mont. Code Ann. §§ 33-22-132, 53-6-101(2)(c)
Mont. Code Ann. § 33-22-134
Mont. Code Ann. § 33-22-135
Mont. Code Ann. § 37-3-33

Nebraska

Neb. Rev. Stat. §§ 44-785, 71-7001 to 71-7013

Nevada

Nev. Rev. Stat. §§ 689A.0405, 689B.0374, 695B.191, 695C.1735, 695B.1912
Nev. Rev. Stat. §§ 608.157, 616.503, 617.395, 689A.041, 689B.0375, 695B.191,
695C.171
Nev. Rev. Stat. §§ 457.182 to 457.187

New Hampshire

N.H. Rev. Stat. Ann. §§ 417-D:1 to 417-D:4-B:8-E
N.H. Rev. Stat. Ann. §§ 415:18-C, 419:5-C, 420:5-C, 420-A:7-E, 420-A:13, 420-B:27,
420-B:8E

New Jersey

N.J. Stat. § 17B:26-2.1e
N.J. Stat. Ann. §§ 26:2-168, 45:9-22.3a, 45:9-22.3b
N.J. Stat. Ann. §§ 17:27-46.1, 17:48-6b, 17-48a-7b, 17B:26-2-1a, 17:48E-55, 26:2J-
4.14
N.J. Stat. Ann. §§ 17:48-6Q, 17B:27A-19.4, 17:48A-7O, 17:48E-35.14,
17B:26-2.1M, 17B:27-46.1P, 17B:27A-7.2, 26:2J-4.15, 34:13A-30,
52:14-17.29B
N.J. Stat. Ann. §§ 54A:9-25.7, 54A:9-25.8
N.J. Stat. Ann. §§ 17B:26-2, 17:48E, 26:25-4.14

New Mexico

N.M. Stat. Ann. §§ 59A-22-39, 59A-23-4, 59A-23B-3, 59A-46-41
N.M. Stat. Ann. § 27-2-012.8
N.M. Stat. Ann. §§ 59A-22-39.1, 59A-46-41.1

New York

N.Y. Pub. Health Law §§ 2405 to 2408
1998 New York Assembly Bill 7949
N.Y. Pub. Health Law § 2404 (1-a)
N.Y. Ins. Law § 4303(p)
N.Y. Ins. Law § 3224
N.Y. Pub. Health Law §§ 2407, 2409; N.Y. Finance Law § 95-a
N.Y. Pub. Health Law §§ 2410 to 2413; N.Y. Tax Law §§ 209-D, 627; N.Y. Finance Law
§ 97-yy
N.Y. Ins. Law §§ 3216 (l), 3221 (k), 4303(v,w)
N.Y. Ins. Law §§ 3216 (l), 3221 (k), 4303(x)6(l)

North Carolina

N.C. Gen. Stat. §§ 58-51-57, 58-65-92, 58-67-76, 58-50-155
N.C. Gen. Stat. §§ 135-40.5, 135-40.6(8)s
N.C. Gen. Stat. §§ 53-3-171.1
N.C. Gen. Stat. §§ 58-51-62, 58-65-96, 58-67-79, 58-50-155, 135-40.6(5)

North Dakota

N.D. Cen. Code § 26.1-36-09.1

Ohio

Ohio Rev. Code Ann. §§ 1742.40, 1751.62, 3923.52 to 3923.54, 5111.024

Oklahoma

Okla. Stat. Ann. 74 §§ 5060.9a-1, 5060.9b, 5060.9c, 5060.9d, 5060.9e, 5060.14A

Okla. Stat. Ann. 36 § 6060

Okla. Stat. Ann. 36 § 6060.5

Okla. Stat. Ann. 47 § 1136

Okla. Stat. Ann. 63 § 1-743

Pennsylvania

Pa. Stat. Ann. 40 § 764c

Pa. Stat. Ann. 35 §§ 5651 to 5664

1997 Pa. ALS 51, 1997 Senate Bill 176

Pa. Stat. Ann. 35 §§ 5641, 5642

1997 Pa. ALS 7; 1997 House Bill 134

Rhode Island

R.I. Gen. Laws Ann. §§ 27-18-41 to 27-18-42, 27-19-20, 27-20-17, 27-41-31, 42-62-26

R.I. Gen. Laws Ann. §§ 27-18-39, 27-19-34, 27-20-21, 27-20-29, 27-41-43

R.I. Gen. Laws Ann. §§ 5-37-31, 23-17-32, 27-19-21, 27-20-18, 27-41-30, 42-62-27

R.I. Gen. Laws Ann. §§ 23-67-2

R.I. Gen. Laws Ann. §§ 27-18-40, 27-19-34.1, 27-20-29.1, 27-41-43.1

South Carolina

1998 S.C. House Bill 3985

South Dakota

S.D. Codified Laws Ann. §§ 34-24C-1 to 34-24C-4

S.D. Codified Laws Ann. §§ 58-17-1.1, 58-18-36, 58-38-22, 58-40-20, 58-41-35.5

Tennessee

Tenn. Code Ann. § 56-7-1012, 56-7-2502

Tenn. Code Ann. § 56-7-2504

Tenn. Code Ann. § 56-7-2507

Texas

Tex. Health & Safety Code §§ 86.001 to 86.005

Tex. Health & Safety Code §§ 86.011 to 86.012

Tex. Ins. Code Art. 3.70-2(H), 3.74(3A)

Tex. Health & Safety Code §§ 401.421 to 401.431

1997 Texas ALS 84; 1997 Senate Bill 17

Utah

Utah Code Ann. §§ 26-21a-101 to 26-21a-301

Utah Code Ann. §§ 19-3-103.5, 19-3-104

Vermont

8 V.S.A § 4100A

Virginia

Va. Code Ann. §§ 38.2-3418.1
Va. Code Ann. §§ 2.1-20.1(B)
Va. Code Ann. §§ 32.1-325
Va. Code Ann. §§ 54.1-2971
Va. Code Ann. §§ 38.2-3418.1:1
1998 Va. Senate Bill 679
1998 Va. Senate Bill 542

Washington

Wash. Rev. Code Ann. §§ 41.05.180, 48.20.393,
48.21.225, 48.44.325, 48.46.275
Wash. Rev. Code Ann. §§ 48.20.395, 48.21.230,
48.44.330, 48.46.280
Wash. Rev. Code Ann. §§ 48.20.397, 48.21.235
48.44.335, 48.46.285

West Virginia

W.Va. Code Ann. §§ 16-33-1 to 16-33-12
W.Va. Code Ann. §§ 33-15-4c, 33-16-3g, 33-24-7b, 33-25-8a, 33-25A-8a
W.Va. Code Ann. §§ 5-16-7, 5-16-9

Wisconsin

Wis. Stat. Ann. § 255.06
Wis. Stat. Ann. § 632.895(8)

Wyoming

1998 Wy. Senate Enrolled Act No. 9

Alabama**ALA. CODE § 22-13-6***Scope*

Breast Cancer Screening and Education Programs

Law provides that, as part of a program for the care and treatment of indigent cancer sufferers, females within age limits prescribed by the State Board of Health be urged to report voluntarily during "cancer detection month" for their area, to a physician of their choice, for an official examination for cancer. The examination shall include, at the Board's discretion, a diagnosis for breast cancer.

Effective Date

1949 enactment.

Alabama**ALA. CODE §§ 27-50-1 TO 27-50-7***Scope*

Reimbursement for Breast Cancer Screening

*Women's Age,
Frequency of
Mammogram*

40-49 Every two years, or more frequently upon physician's recommendation

50+ Each year, or more frequently upon physician's recommendation

Policies and Limits

Law creates the State's Breast Cancer Screening Act. Law requires insurers to provide coverage for screening mammography if the policy covers surgical services for mastectomy.

Law applies to health insurance policies that cover hospital, medical, or surgical expenses; health maintenance organizations; preferred provider organizations; and all programs administered by the Alabama Medicaid Agency. These plans may not terminate the services of, or reduce payment to, physicians or other health care providers who order medical care consistent with this act.

Law does not apply to supplemental policies covering disease-specific or other limited benefits.

Law repeals other laws or parts of laws in conflict with this act.

Effective Date

October 1, 1997.

Alabama**ALA. CODE § 32-6-591***Scope*

Funding for Breast Cancer Screening

Law provides for the sale of distinctive motor vehicle license plates for supporters of the Sistas Can Survive Coalition.

Provides for a fee for the purchase of these plates, and the distribution by the State Comptroller of the net proceeds after the first \$2,000 to the Sistas Can Survive Coalition. These funds are to be used to provide free mammograms to underserved women through the Mammogram for Life Campaign.

Effective Date

January 1, 1998.

Alaska**ALASKA STAT. § 21.42.375**

<i>Scope</i>	Reimbursement for Breast Cancer Screening	
<i>Woman's Age, Frequency of Mammogram</i>	35-39	Baseline
	40-49	Every two years
	50+	Each year
	Any age	Upon referral by a physician, if the person, parent, or sibling has a history of breast cancer.
<i>Policies and Limits</i>	<p>Law requires insurers to provide coverage for low-dose mammography screening if the policy or contract covers mastectomies and prosthetic devices and reconstructive surgery incident to mastectomies.</p> <p>Law applies to individual or group disability insurance policies; health maintenance organizations; and hospital or medical service corporation contracts.</p> <p>The coverage for mammography must not be less favorable than that for other radiological examinations and may be subject to standard policy provisions (such as deductible or copayment) that apply to other benefits.</p> <p>Law does not apply to supplemental contracts covering a specified disease or other limited benefits, or to fraternal benefit societies.</p>	
<i>Quality Assurance</i>	<p>The law defines low-dose mammography and mammograms.</p> <p>Examination must use equipment dedicated specifically for mammography.</p>	
<i>Effective Date</i>	September 19, 1991.	

Arizona	ARIZ. REV. STAT. ANN. §§ 20-826(I), 20-934(G), 20-1057(J), 20-1342(A)(10), 20-1402(A)(6), 20-1404(H)	
<i>Scope</i>	Reimbursement for Breast Cancer Screening	
<i>Woman's Age, Frequency of Mammogram</i>	35-39	Baseline
	40-49	Every two years, or more frequently upon physician's recommendation
	50+	Each year
	Physician referral required in all cases.	
<i>Policies and Limits</i>	<p>Law requires health insurers to provide coverage for mammography screening if the policy or contract covers surgical services for mastectomies.</p> <p>Law applies to hospital or medical service corporation contracts; benefits insurer contracts; health care service organization plans; and group and blanket disability contracts.</p> <p>Law does not apply to supplemental contracts covering a specified disease or other limited benefit.</p>	
<i>Quality Assurance</i>	Mammography screening must be performed on equipment specifically dedicated to mammography.	
<i>Effective Date</i>	September 30, 1988.	

Arizona	ARIZ. REV. STAT. ANN. §§ 20-826(H), 20-934(F), 20-1057(I), 20-1342(A)(9), 20-1402(A)(5), 20-1404(G)
<i>Scope</i>	Reimbursement for Breast Reconstruction and Prosthesis
<i>Policies and Limits</i>	<p>Law requires health insurers that cover surgical services for mastectomies to provide coverage incidental to the patient's covered mastectomy for surgical services for breast reconstruction and for at least two external postoperative prostheses.</p> <p>Law applies to hospital or medical service corporation contracts; benefits insurer contracts; health care service organization plans; and group and blanket disability contracts.</p>
<i>Effective Date</i>	December 31, 1981.

Arizona**ARIZ. REV. STAT. ANN. §§ 32-2841 to 32-2843***Scope*

Accreditation of Facilities

Law requires that anyone performing diagnostic or screening mammography possess a mammographic technologist certificate from the Arizona Medical Radiologic Technology Board of Examiners. The Board will issue certificates to applicants who successfully complete an examination in mammography administered by the American Registry of Radiologic Technologists. Education requirements under the statute address didactic and clinical instruction at American College of Radiology-accredited facilities. Certification is valid for two years.

Law provides that physicians reading or interpreting mammographic images:

- # complete 40 hours of medical education credits in mammography;
- # be certified in diagnostic radiology by the American Board of Radiology or the American Osteopathic Board of Radiology, as applicable, or be approved by the Arizona Board of Medical Examiners or Arizona Board of Osteopathic Examiners to read or interpret mammographic images; and
- # have interpreted or reviewed 200 mammograms within the preceding two years or completed a radiology residency within the preceding three years; and
- # complete 15 hours of continuing medical education credits in mammography every three years and interpret or review an average of 300 mammograms per year over each two-year period.

The Arizona Allopathic Board of Medical Examiners and the Arizona Board of Osteopathic Examiners in Medicine and Surgery shall establish minimum criteria authorizing doctors to read or interpret mammography images in lieu of certification by the American Board of Radiology or the American Osteopathic Board of Radiology. Physicians must maintain records of outcome data.

Facilities conducting patient self-referral mammographic screening examinations must submit a physician-approved guide for accepting self-referrals and a medical physicist's evaluation report of the facility to the Arizona Radiation Regulatory Agency. Facilities without on-site darkrooms must comply with special reporting requirements.

Effective Date

January 1, 1994.

Arkansas**ARK. STAT. ANN. § 23-79-140**

<i>Scope</i>	Reimbursement for Breast Cancer Screening	
<i>Woman's Age, Frequency of Mammogram</i>	35-40	Baseline
	40-49	Every one to two years, based upon physician's recommendation
	50+	Each year
	Any age	Upon physician's recommendation if the woman, her mother, or her sister has a history of breast cancer.
<i>Policies and Limits</i>	<p>Law requires insurers to offer coverage for mammogram screening to master group contract holders as an optional benefit.</p> <p>Law applies to health insurance companies, hospital service corporations, health maintenance organizations, and other health insurance providers.</p> <p>Insurers must pay at least \$50 for each screening mammogram, including professional and technical components. For hospital screening mammography, where the claim for professional services is separate from technical services, the claim for the professional component must be at least 40 percent of the total fee.</p>	
<i>Quality Assurance</i>	Law defines screening mammography and diagnostic mammography. No insurer shall pay for mammographies performed at an unaccredited facility after January 1, 1990.	
<i>Effective Date</i>	January 1, 1990.	

Arkansas**ARK. STAT. ANN. §§ 20-15-1001 to 20-15-1006***Scope*

Accreditation of Facilities

*Policies
and Limits*

Law requires that the Director of the Arkansas Department of Health establish radiological standards and quality assurance programs to assure the safety and accuracy of screening and diagnostic mammography and to promote the highest quality imaging in the most efficient setting to contain costs. Defines screening mammography and diagnostic mammography.

The Department of Health is authorized to operate a mammography standards certificate program to issue initial and renewal certificates to mammography facilities and to impose sanctions on facilities not meeting requirements.

Provides for an advisory committee to assist the Director in establishing quality standards. The Director and the Committee are to review and revise quality standards as least once every two years.

The Director shall establish accreditation standards for mammography facilities. No mammography shall be performed in an unaccredited facility after January 1, 1990.

Effective Date

January 1, 1990.

Arkansas

ARK. STAT. ANN. §§ 20-15-1301 to 20-15-1304, 26-57-201, 26-57-1101 to 26-57-1108

Scope

Breast Cancer Screening and Education Programs/Breast Cancer Research Programs

Policies and Limits

Law establishes the Breast Cancer Act of 1997. Creates a breast cancer research fund and breast cancer control fund for research and services with respect to the cause, cure, detection, and prevention of breast cancer, as well as breast cancer education programs.

Establishes a breast cancer research program within the University of Arkansas to support research into the cause, cure, treatment, earlier detection, and prevention of breast cancer. Funding of research shall be based on the research priorities established for the program and the scientific merit of the research as determined by a peer review process carried out by the Oversight Committee on Breast Cancer Research.

Law establishes a breast cancer control advisory board to recommend the allocation of funds. Also establishes a breast cancer control program within the State Department of Health to provide for the early detection, diagnosis, and treatment of breast cancer. Specifically, this program shall provide for breast cancer education, awareness, and surveillance activities; breast cancer screening to include mammography; follow-up referrals and medical assistance; and, in the event of a positive diagnosis, the necessary advocacy and financial assistance to help the individual obtain treatment.

Law provides for funding through a specified tax on specified tobacco products.

Effective Date

July 1, 1997.

Arkansas

ARK. STAT. ANN. § 23-99-405

Scope

Reimbursement for Inpatient Treatment Following Mastectomy

*Policies
and Limits*

Laws prohibits insurers who cover mastectomy from restricting benefits for length of hospital stay in connection with a mastectomy to less than 48 hours, unless the decision to discharge the patient earlier is made by the physician in consultation with the patient.

Effective Date

April 8, 1997.

Arkansas**ARK. STAT. ANN. § 23-99-405***Scope*

Reimbursement for Breast Reconstruction and Prosthesis

*Policies
and Limits*

Law requires insurers who provide benefits for mastectomy to also cover prosthetic devices and reconstructive surgery.

Effective Date

April 8, 1997.

California**CAL. REVENUE & TAX. CODE § 30461.6***Scope*

Breast Cancer Screening and Education Programs

*Policies
and Limits*

Law requires that revenue from the cigarette tax increase be deposited in the State Treasury to the credit of the Breast Cancer Fund and divided equally between the Breast Cancer Research Account and the Breast Cancer Control Account.

The moneys in the Breast Cancer Research Account shall be allocated to research the cause, cure, treatment, earlier detection, and prevention of breast cancer. Of that amount, 10 percent goes to the Cancer Surveillance Section of the California Department of Health Services for the collection of breast cancer-related data and the conduct of breast cancer-related epidemiological research by the State cancer registry. The remaining 90 percent goes to the Breast Cancer Research Program (herein created at the University of California) for grants and contracts to researchers to research the cause, cure, treatment, prevention, and earlier detection of breast cancer.

The moneys in the Breast Cancer Control Account shall be allocated to the Breast Cancer Control Program (herein created) for early breast cancer detection services for uninsured and underinsured women. The Department of Health Services shall establish the program and administer it in accordance with P.L. 101-354.

In enacting the Breast Cancer Control Program, it is the intent of the Legislature to decrease breast cancer mortality among uninsured and underinsured women, with special emphasis on low-income, Native American, and minority women. It is the intent of the Legislature that the communities served by the program reflect the ethnic, racial, cultural, and geographic diversity of the State and that the program funds entities where uninsured and underinsured women are most likely to seek their health care.

Effective Date

January 1, 1994.

California**CAL. HEALTH & SAFETY CODE § 1367.65;
CAL. INS. CODE § 10123.81**

Scope Reimbursement for Breast Cancer Screening

<i>Woman's Age, Frequency of Mammogram</i>	35-39	Baseline
	40-49	Every two years, or more frequently upon physician's recommendation
	50+	Each year

Policies and Limits

Law requires health insurers to provide coverage for mammography (upon referral by participating nurse practitioner, certified nurse midwife, or physician) for screening or diagnostic purposes if the policy or contract covers mastectomies, and prosthetic devices and reconstructive surgery incident to mastectomies.

Law applies to group health care service plan contracts, group disability insurance policies, self-insured employee welfare benefit plans, and Medi-Cal coverage.

Law does not establish a new mandated benefit or prevent application of deductible or copayment provisions in a policy or plan.

Quality Assurance Not indicated.

Effective Date January 1, 1988; amended 1996.

California**CAL. WELF. & INST. CODE § 14132.16***Scope*

Reimbursement for Breast Cancer Screening

*Woman's Age,
Frequency
of Mammogram*

Not stipulated.

*Policies
and Limits*

Law states that Medi-Cal covers mammography for screening or diagnostic purposes to the extent required or permitted by Federal law and upon a physician's referral.

Quality Assurance

Not indicated.

Effective Date

January 1, 1988.

California

**CAL. HEALTH & SAFETY CODE § 1367.6;
CAL. INS. CODE § 10123.8;
CAL. WELF. & INST. CODE § 14132.6**

Scope

Reimbursement for Breast Reconstruction and Prosthesis

*Policies
and Limits*

Law requires that health insurers covering surgical services for mastectomies also provide coverage for prosthetic devices or reconstructive surgery incident to the mastectomy.

Law applies to group health care service plan contracts, group disability insurance policies, self-insured employee welfare benefit plans, and Medi-Cal coverage.

Coverage is subject to deductible or coinsurance provisions and all other terms and conditions applicable to benefits.

Effective Date

July 1, 1980; amended 1996.

California

CAL. HEALTH & SAFETY CODE §§ 25671(b), 25815(e), 25827, 115100, 115115

Scope

Accreditation of Facilities

*Policies
and Limits*

Law requires that anyone performing mammography have a current and valid certificate in mammographic radiologic technology.

Law requires registration and certification of all mammography equipment by the California Department of Health Services. All X-ray machines used for mammography must be specifically designed for mammography and be inspected by the Department or certified by the American College of Radiology Mammography Accreditation Program or an equivalent program.

The person registering X-ray equipment must obtain and maintain a Mammography Quality Assurance Program to include a Mammography Quality Assurance Manual for the identification of mammography quality assurance tests performed, test frequency, test equipment used, maintenance and calibration of test equipment, and qualifications of individuals who perform the tests in order to ensure compliance with the May 1990 version of "Rules of Good Practice for Supervision and Operation of Mammographic X-Ray Equipment" or health department regulations.

All persons who have a certificate for mammography equipment must follow the Department's quality assurance program. Quality assurance tests must be performed on mobile vans or units after each relocation.

Effective Date

July 15, 1993.

California

**CAL. HEALTH & SAFETY CODE §§ 1704.5, 1704.55,
109275 TO 109277**

Scope

Alternative Therapies/Breast Cancer Screening and Education Programs

*Policies
and Limits*

Law states that unprofessional conduct includes the failure of a physician to inform a patient being treated for any form of breast cancer of alternative, efficacious methods of treatment specified in the standardized written summary developed by the Department on recommendation of the Cancer Advisory Council.

Law requires health facilities and licensed physicians or surgeons, who rent or own the premises where their practice is located, to post a sign with the following information in an area that is proximate to where breast cancer screening or biopsy procedures are performed:

“BE INFORMED” “ If you are a patient being treated for any form of breast cancer, or prior to performance of a biopsy for breast cancer, your physician or surgeon is required to provide you with a written summary of alternative efficacious methods of treatment, pursuant to Section 109275 of the California Health and Safety Code. “The information about methods of treatment was developed by the State Department of Health Services to inform patients of the advantages, disadvantages, risks, and descriptions of procedures.”

Signs must be posted in English, Spanish, and Chinese.

Effective Date

1980 enactment; amended September 29, 1996.

California**CAL. REVENUE & TAX. CODE §§ 18791 to 18796***Scope*

Income Tax Checkoff for Breast Cancer Research

*Policies
and Limits*

Law creates the California Breast Cancer Research Fund and provides that individuals may designate on tax returns that a contribution in excess of tax liability be made to the Fund.

Law directs the California Franchise Tax Board to revise return forms to include a space labeled "California Breast Cancer Research Fund."

Funds shall be allocated as follows:

- # to the Franchise Tax Board and the Controller for the reimbursement of all costs incurred by them; and
- # to the University of California for the support of the Breast Cancer Research Program for purposes solely related to breast cancer research as stated in Section 104145 of Chapter 2 of Part 1 of Division 103 of the Health and Safety Code (see Breast Cancer Research Programs, below).

Provision shall remain in effect until January 1, 2003.

Effective Date

January 1, 1994; amended January 1, 1998.

California**CAL. HEALTH & SAF CODE § 104145***Scope*

Breast Cancer Research Programs

*Policies
and Limits*

Law establishes the Breast Cancer Research Program to be administered by the University of California as a comprehensive contract and grant program to support research efforts into the cause, cure, treatment, earlier detection, and prevention of breast cancer.

Law establishes a Breast Cancer Research Council to develop the priorities of the Breast Cancer Research Program and participate in its management in close cooperation with the University of California and the State's Breast Cancer Early Detection Program.

Law replaces previously uncodified provisions that created the Breast Cancer Research Program.

Effective Date

January 1, 1997.

Colorado**COLO. REV. STAT. ANN. §§ 25-4-1501 to 25-4-1506***Scope*

Breast Cancer Screening and Education Programs

*Policies
and Limits*

Law establishes a breast cancer screening fund to improve the availability of breast cancer screening. The fund shall be used to create and develop a breast cancer screening program, operated either by private contract or by the Colorado Department of Public Health and Environment, and to create and operate a referral service for the benefit of women for whom further treatment is indicated by the breast cancer screening.

Law directs the executive director of the Department to appoint an advisory board to recommend guidelines for the program services, and necessary rules and regulations.

Effective Date

April 7, 1988.

Colorado**COLO. REV. STAT. ANN. § 10-16-104(4)**

<i>Scope</i>	Reimbursement for Breast Cancer Screening	
<i>Woman's Age, Frequency of Mammogram</i>	35-39	Baseline
	40-49	Every two years, but at least once a year for women with risk factors as determined by a physician
	50-65	Each year
<i>Policies and Limits</i>	<p>Law requires that insurers provide coverage for routine or diagnostic screening by low-dose mammography for the presence of breast cancer in adult women.</p> <p>Law applies to all individual and group sickness and accident insurance policies, except supplemental policies covering a specified disease or other limited benefit, plus all individual and group health care service or indemnity contracts and any other group health care coverage provided to State residents.</p> <p>This benefit does not diminish or limit other diagnostic benefits under any policy.</p> <p>Coverage shall be the <i>lesser of</i> \$60 or the actual cost of the screening. The minimum benefit shall be adjusted according to the Consumer Price Index.</p>	
<i>Quality Assurance</i>	<p>Law defines low-dose mammography.</p> <p>Examination must use equipment dedicated specifically for mammography.</p>	
<i>Effective Date</i>	January 1, 1990; amended July 1, 1995.	

Colorado**COLO. REV. STAT. ANN. §§ 25-11-101 to 25-11-105.5 (*repealed*)***Scope*

Accreditation of Facilities

*Policies
and Limits*

Law provides that the mammography quality assurance advisory committee established by the Colorado Women's Cancer Control Initiative in the Colorado Department of Public Health and Environment review the provision of mammography services and make recommendations to the State Board of Health concerning quality assurance, including recommendations on the implementation of the Mammography Quality Standards Act of 1992.

Law directs that regulations provide that mammographers must obtain training and education through an organization specified by the Board of Health. Mammographers must have achieved a passing score for the limited scope of practice in radiology as administered by the American Registry of Radiological [sic] Technologists or similar instruction. All regulations shall be modeled after the Mammography Quality Standards Act of 1992 and those regulations proposed by the Conference of Radiation Control Program Directors, Inc.

No person shall perform a mammography exam without being approved by the Department as meeting the qualifications adopted by the Board of Health.

Effective Date

July 1, 1993; provisions in the first paragraph above (Colo. Rev. Stat. Ann § 25-11-105.5) repealed effective July 1, 1998.

Connecticut**CON. GEN. STAT. ANN. § 19A-266***Scope*

Breast Cancer Screening and Education Programs

*Policies
and Limits*

Law establishes a breast and cervical cancer early detection and treatment referral program within the Department of Public Health. The program is to promote screening, detection, and treatment of breast cancer among unserved or underserved populations; to educate the public regarding breast cancer and the benefits of early detection; and to provide counseling and referral services for treatment.

The program shall include a public education and outreach initiative; professional education programs; and a tracking and follow-up system for women screened under the program.

The Department of Public Health shall contract with health care providers to furnish one mammogram every two years for unserved or underserved populations under the age of 50, and one mammogram every year for such populations over the age of 50. The program shall ensure that participating providers are in compliance with national and State quality assurance legislative mandates.

The Department may accept funds from Federal, other public, or private sources to support the program.

Effective Date

July 1, 1996.

Connecticut**CONN. GEN. STAT. ANN. §§ 38A-495, 38A-503, 38A-522, 38A-530***Scope*

Reimbursement for Breast Cancer Screening

*Woman's Age,
Frequency
of Mammogram*

35-39

Baseline

40-49

Every two years, or more frequently upon physician's recommendation

50+

Each year

Medicare supplement insurance policies provide for mammographic examinations each year, or more frequently upon physician's recommendation.

*Policies
and Limits*

Law applies to individual and group health insurance policies.

Breast cancer screening benefits are subject to any policy provisions which apply to other services covered by the policy.

Quality Assurance

Not indicated.

Effective Date

October 1, 1988.

Connecticut

CONN. GEN. STAT. §§ 38A-530A, 38A-503A, 38A-476

Scope

Restrictions on Denial of Insurance Coverage for Breast Cancer Survivors

*Policies
and Limits*

Law states that no individual or group health insurance plan or insurance arrangement may refuse to cover an applicant due to a history of breast cancer if the applicant has remained free from breast cancer for at least five years prior to the applicant's request for coverage.

The insurance carrier may require that the applicant submit to a physical examination.

Effective Date

October 1, 1996.

Connecticut**CONN. GEN. STAT. ANN. §§ 38A-504***Scope*

Reimbursement for Inpatient Treatment Following Mastectomy

*Policies
and Limits*

Law requires group and individual insurers covering specified breast cancer screening services to provide coverage for at least 48 hours of inpatient care following a mastectomy or lymph node dissection, and for a longer period of time if deemed necessary by the patient's physician. Stipulates that no insurance policy may require that these procedures be done on an outpatient basis unless that has been recommended by the physician in consultation with the patient.

Effective Date

July 1, 1997.

Connecticut**CONN. GEN. STAT. ANN. §§ 38A-504***Scope*

Reimbursement for Breast Reconstruction and Prosthesis

*Policies
and Limits*

Law requires insurers that cover specified screening services to provide reimbursement for breast reconstruction and prosthesis. This coverage is to provide benefits for the reasonable cost of the reconstructive surgery on each breast on which a mastectomy has been performed, as well as reconstructive surgery on a nondiseased breast to produce a symmetrical appearance. The law defines the scope of reconstructive surgeries to be covered.

Effective Date

July 1, 1997.

Connecticut**1997 CON. PUBLIC ACT 286; 1997 CT. HB 6891***Scope*

Income Tax Checkoff for Breast Cancer Funds

*Policies
and Limits*

This law establishes a separate breast cancer research and education account within the General Fund. Directs the Commissioner of Revenue services to revise the tax return form to allow taxpayers to indicate a donation to the account when filing their returns, and to promote the income tax contribution system and the breast cancer research and education account. Money deposited in this account shall be used by the Department of Public Health to assist breast cancer research, education, and community service programs.

Effective Date

January 1, 1997.

Delaware**DEL. CODE ANN. 18 § 3552***Scope*

Reimbursement for Breast Cancer Screening

*Woman's Age,
Frequency
of Mammogram*

35-39	Baseline, or as the State Board of Health otherwise declares appropriate
40-49	Every two years, or as the State Board of Health otherwise declares appropriate
50+	Each year, or as the State Board of Health otherwise declares appropriate
Any age	When prescribed by a physician based on an evaluation of physical conditions, symptoms, or risk factors indicating a probability of breast cancer higher than the general population.

*Policies
and Limits*

Law requires that insurers providing benefits for outpatient services also provide benefits for periodic mammographic examinations, notwithstanding policy exclusions for services provided as part of annual or routine examinations.

Law applies to health insurers and health service corporations.

The benefit paid shall not exceed the least expensive cost of a mammogram at a qualified imaging facility located at a fixed location in Delaware in the county where the woman resides (or is employed for employment-based coverage).

Quality Assurance

Law defines qualified imaging facility as a diagnostic facility certified by a State agency approved by the Secretary of Health and Human Services under the Mammography Quality Standards Act of 1992. If no State agency certification program is in effect, the equipment must have current or pending American College of Radiology certification.

Effective Date

July 16, 1993.

Delaware**DEL. CODE ANN. 30 § 1159***Scope*

Income Tax Checkoff for Breast Cancer Education and Early Detection

*Policies
and Limits*

Law establishes the Breast Cancer Education and Early Detection Fund. Taxpayers can designate contributions of one dollar or more to the Fund on their State income tax returns. Contributions do not reduce the amount of taxes owed; taxpayers can enclose their contribution with any taxes owed or direct that it be deducted from their tax refund.

The Division of Revenue shall forward all contributions to Women and Wellness, Inc., which shall deposit them to the credit of the Delaware chapter of the National Breast Cancer Coalition to be used for breast cancer education and early detection.

Women and Wellness, Inc. shall submit reports on revenues, expenditures, and activities as requested to the Delaware State Clearinghouse Committee.

Effective Date

July 9, 1996; former Del. Code Ann. 30 § 1158, redesignated in 1997.

Delaware

DEL. PUBLIC ACT 132, 1997 DEL. HOUSE BILL 375

Scope

Breast Cancer Screening and Education Programs

*Policies
and Limits*

This provision of the State's 1997 Appropriations Bill allocates funds to enable the procurement of contractual services for the establishment of mammography screening services. These services are to be provided through the use of a mobile mammography van.

Effective Date

Enacted July 1, 1997.

**District of
Columbia**

D.C. CODE ANN. §§ 35-2401 to 35-2403

<i>Scope</i>	Reimbursement for Breast Cancer Screening
<i>Woman's Age, Frequency of Mammogram</i>	Age not stipulated. Law provides for a baseline mammogram and an annual screening mammogram.
<i>Policies and Limits</i>	<p>Law applies to any individual or group health insurance policy or service, including Medicaid, offered by Group Hospitalization and Medical Services, Inc., a health insurance company, a health self-insured, an insurance purchasing trust, or any health maintenance organization. The law does not apply to hospital indemnity policies, disability insurance policies, accident only policies, or student accident policies.</p> <p>Law defines baseline mammogram and screening mammogram.</p>
<i>Quality Assurance</i>	Not indicated.
<i>Effective Date</i>	One hundred twenty days after March 7, 1991.

Florida

FLA. STAT. ANN. § 240.5121(4)(m)

Scope

Breast Cancer Screening and Education Programs

*Policies
and Limits*

Law directs Florida Cancer Control and Research Advisory Council to develop and implement an educational program to inform citizen groups, associations, and voluntary organizations about early detection and treatment of breast cancer.

If funds are specifically appropriated by the legislature, the Council shall develop or purchase and periodically update a standardized written summary of the medically viable treatment alternatives for breast cancer. This information will be made available to physicians and surgeons for their use in accordance with sections 458.324 and 459.0125 (see Alternative Therapies, below).

Effective Date

July 1, 1995.

Florida**FLA. STAT. ANN. §§ 627.6418, 627.6419, 627.6613, 641.31095***Scope*

Reimbursement for Breast Cancer Screening

*Woman's Age,
Frequency
of Mammogram*

35-39

Baseline

40-49

Every two years, or more frequently upon physician's

50+

Each year

Any age

One or more mammograms each year, based on a physician's recommendation, for any woman who is at risk for breast cancer because of a personal or family history of breast cancer, because she has not given birth before the age of 30, or because she has a history of biopsy-proven benign breast disease.

*Policies
and Limits*

Law applies to accident or health insurance policies and health maintenance contracts, but does not apply to disability income, specified disease, or hospital indemnity policies. Law does not require a physician's referral.

Coverage is subject to deductibles and coinsurance provisions that apply to outpatient visits and terms and conditions applicable to other benefits. However, insurers must make available, for an appropriate additional premium, identical coverage that is not subject to deductibles or coinsurance.

Insurers may not refuse to issue or renew a policy or contract, and may not cancel or exclude benefits from a policy or contract, solely because the insured has been diagnosed as having a fibrocystic condition or a nonmalignant lesion that demonstrates a predisposition, unless the condition is diagnosed through a breast biopsy that demonstrates an increased disposition to developing breast cancer.

Quality Assurance

Coverage applies to mammograms obtained in an office, facility, or health testing service registered with the Florida Department of Health and Rehabilitative Services for breast cancer screening.

Law does not affect requirements or prohibitions on who may perform, analyze, or interpret a mammogram or the person to whom the results may be furnished or released.

Effective Date

Amended July 1, 1995.

Florida

FLA. STAT. ANN. §§ 627.6417, 627.6515(2), 627.6612, 641.31

Scope

Reimbursement for Breast Reconstruction and Prosthesis

*Policies
and Limits*

Law requires that accident and health insurance policies, and group, blanket, or franchise accident or health insurance policies that cover mastectomies also provide, as part of the application, coverage for prosthetic devices and breast reconstructive surgery incident to mastectomy. Breast reconstructive surgery must be performed in a manner chosen by the treating physician, consistent with prevailing medical standards, and in consultation with the patient.

Law does not apply to disability income, specified disease, or hospital indemnity policies.

Law allows the insurer to charge an appropriate additional premium for such coverage. Coverage is subject to deductibles or coinsurance provisions and all other terms and conditions applicable to benefits.

Quality Assurance

Law defines mastectomy and breast reconstructive surgery.

Effective Date

July 2, 1987; amended October 1, 1997.

Florida**FLA. STAT. ANN. § 404.22(6)***Scope*

Accreditation of Facilities

*Policies
and Limits*

Law requires that all radiation machines used for mammography meet the accreditation criteria of the American College of Radiology or similar criteria established by the Florida Department of Health and Rehabilitative Services.

Law requires that all radiation machines used for mammography be specifically designed for mammography and be used exclusively for mammography.

Law defines mammography.

Effective Date

October 1, 1991.

Florida

FLA. STAT. ANN. §§ 458.324, 459.0125

Scope

Alternative Therapies

*Policies
and Limits*

Law directs physicians treating patients at high risk of being diagnosed for breast cancer to: inform those patients of the medically viable treatment alternatives available; describe such treatment alternatives; and explain the relative advantages, disadvantages, and risks associated with the treatment alternatives to the extent deemed necessary to allow the patient to make a prudent decision regarding such treatment options.

Effective Date

1984 enactment.

Florida**FLA. STAT. ANN. §§ 627.64171, 627.66121, 641.31***Scope*

Reimbursement for Length of Stay and Outpatient Care Following Mastectomy

Policies and Limits

Law prohibits insurers that provide coverage for breast cancer treatment from limiting inpatient hospital coverage for mastectomy to any period that is less than that determined by the treating physician to be medically necessary, in accordance with prevailing medical standards, and in consultation with the insured patient.

Law also requires insurers that provide coverage for mastectomies to provide coverage for outpatient post-surgical follow-up care in keeping with prevailing medical standards, by a licensed health care professional qualified to provide this care. The physician, in consultation with the patient, shall determine the best setting for this outpatient care.

Insurance plans may not deny an insured individual for the purpose of avoiding the above requirements, provide monetary incentives for accepting less than these requirements, penalize health care providers for providing care in accordance with these requirements, or provide incentives to a provider to provide less than the required care mandated by this law. In addition, insurers may not restrict benefits for any portion of a hospital stay in a manner that is less favorable than the benefits provided for any preceding portion of the stay.

Law does not require patients to have the mastectomy in a hospital or stay in the hospital for a fixed period of time following the procedure. Law permits insurers to impose deductibles, coinsurance, and other policies that are consistent with those imposed for other benefits.

Law does not apply to disability income, specified disease (other than cancer), or hospital indemnity policies.

Quality Assurance

Law defines mastectomy.

Effective Date

October 1, 1997.

Florida

**FLA. STAT. ANN. §§ 627.64172, 627.6419, 627.6612,
641.31096**

Scope

Restrictions on Denial of Insurance Coverage for Breast Cancer Survivors

*Policies
and Limits*

Law states that routine follow-up care to determine whether breast cancer has reoccurred in a person who has been previously determined to be free of the disease shall not be seen as constituting medical advice, diagnosis, care, or treatment for purposes of determining preexisting conditions, unless evidence of breast cancer is found during or as a result of this follow-up care.

In addition, an insurer may not deny the issuance or renewal of insurance coverage because an insured person has been diagnosed as having a fibrocystic condition or other nonmalignant lesion that demonstrates a predisposition to breast cancer, unless the condition is diagnosed through a breast biopsy. The law also states that an insurer may not deny coverage to breast cancer survivors solely due to a history of breast cancer if the person has been free from the disease for more than two years before their request for coverage.

Effective Date

October 1, 1997.

Georgia**OFFICIAL CODE OF GA. ANN. § 43-34-21***Scope*

Breast Cancer Screening and Education Programs

*Policies
and Limits*

Law requires that the Composite State Board of Medical Examiners, which regulates the practice of medicine in the State, publish an informational booklet on breast cancer and the treatment of breast cancer.

Law requires that the booklet contain a summary of all the latest information on breast cancer and discuss the generally accepted and widely prevailing medical and surgical treatments for breast cancer. The booklet shall include a valid assessment of the relative risks and benefits of the accepted and widely prevailing methods of treatment. The Board must make a copy of the booklet available to every appropriate physician in the State and upon request to any person who pays a prescribed fee.

Effective Date

Before 1986.

Georgia**OFFICIAL CODE OF GA. ANN. §§ 33-29-3.2, 33-30-4.2**

<i>Scope</i>	Reimbursement for Breast Cancer Screening	
<i>Woman's Age, Frequency of Mammogram</i>	35-39	Baseline
	40-49	Every two years
	50+	Each year
	Any age	When ordered by a physician for a female at risk (a woman who has: a personal history of breast cancer or biopsy-proven benign breast disease; a grandmother, mother, sister, or daughter has had breast cancer; or who has not given birth by age 30).
<i>Policies and Limits</i>	Law requires insurers offering individual or group accident and sickness policies to offer coverage for mammograms.	
	Law applies to individual accident and sickness insurance policies issued by fraternal benefit societies, nonprofit hospital service corporations, nonprofit medical service corporations, health care plans, health maintenance organizations, or similar entities.	
	Any exclusions, reductions, or limitations on coverages, deductibles, or coinsurance provisions must apply generally to other similar benefits under the policy.	
	Law does not prohibit policies offering benefits greater than specified. Law does not prohibit payment or coinsurance differences between preferred and non-preferred providers.	
<i>Quality Assurance</i>	Law defines mammogram.	
	Mammography must use equipment approved by the Georgia Department of Health and Human Resources. The equipment must be dedicated specifically for mammography.	
	Coverage includes a physician's or experienced radiologist's interpretation of the results in accordance with American College of Radiology guidelines.	
<i>Effective Date</i>	July 1, 1990.	

Georgia**OFFICIAL CODE OF GA. ANN. §§ 33-29-3.3, 33-30-4.4***Scope*

Reimbursement for Bone Marrow Transplant for Breast Cancer

*Policies
and Limits*

Law requires insurers to offer coverage for bone marrow transplants for the treatment of breast cancer (and Hodgkin's disease).

Law applies to individual and group accident and sickness insurance plans, policies, or contracts providing major medical insurance coverage, issued by fraternal benefit societies, nonprofit hospital service corporations, nonprofit medical service corporations, health care plans, health maintenance organizations, or similar entities.

Any exclusions, reductions, or limitations on coverage, deductibles, or coinsurance provisions must apply generally to other similar benefits under the policy. Law does not prohibit policies from offering benefits greater than specified.

Effective Date

July 1, 1995.

Hawaii**HAWAII REV. STAT. §§ 431:10A-116(4), 432:1-605 (repealed)**

<i>Scope</i>	Reimbursement for Breast Cancer Screening	
<i>Woman's Age, Frequency of Mammogram</i>	35-39	Baseline
	40-49	Every two years
	50+	Each year
	Any age	Upon a physician's recommendation if the woman, her mother, or her sister has a history of breast cancer.
<i>Policies and Limits</i>	Law requires that accident and sickness policies cover mammograms.	
	Services provided are subject to any applicable coinsurance provisions under the policy.	
<i>Quality Assurance</i>	Law defines low-dose mammography.	
	Law directs the Commissioner to review annually the age and frequency guidelines recommended by the American Cancer Society and adjust the above requirement if necessary.	
	Law requires the Director of Health to monitor the availability of safe equipment and trained personnel and to modify the age and frequency guidelines if necessary to assure that the demand for screening does not exceed the ability of the medical community to provide the required services safely.	
	The examination must use equipment dedicated specifically for mammography.	
<i>Effective Date</i>	February 1, 1991; <i>repealed, effective December 31, 1997 (as mandated by Hawaii Rev. Stat § 26H-4).</i>	

Idaho **IDAHO CODE ANN. §§ 41-2144, 41-2218, 41-3441, 41-3936, 41-4025**

Scope Reimbursement for Breast Cancer Screening

<i>Woman's Age, Frequency of Mammogram</i>	35-39	Baseline
	40-49	Every two years, or more frequently upon physician's recommendation
	50+	Each year
	Any age	For any woman desiring a mammogram for medical cause (coverage will not exceed the cost of the examination)

Policies and Limits Law requires that insurance policies that cover mastectomies also provide minimum mammography examination or equivalent examination coverage.

Law applies to group or blanket disability insurance policies; self-funded plans; hospital and professional service corporations; health maintenance organizations; and all organizations offering a managed care plan.

Law does not apply to specified accident, specified disease, hospital indemnity, Medicare supplement, long-term care, or other limited benefit health insurance policies.

Quality Assurance Law defines low-dose mammography.

The examination must use equipment dedicated specifically for mammography.

Effective Date July 1, 1992; amended July 1, 1997.

Idaho**IDAHO CODE ANN. § 39-3030***Scope*

Accreditation of Facilities

*Policies
and Limits*

Law requires registration of all radiation machines used for mammography with the Idaho Department Health and Welfare.

Law requires that all radiation machines used for mammography meet the current criteria of the American College of Radiology Mammography Accreditation Program or an equivalent standard adopted by the Department. The Department may withdraw mammography authorization for machines that do not meet these standards.

Law defines radiation machine and mammography system.

Effective Date

January 1, 1993.

Illinois**20 ILCS 2305/2, 2310/55.49***Scope*

Breast Cancer Screening and Education Programs

*Policies
and Limits*

Law requires that the Illinois Department of Public Health publish, in layman's language, a standardized written summary outlining the methods for the early detection and diagnosis of breast cancer. The summary shall include recommended guidelines for screening and detecting breast cancer through the use of techniques including self-examination and diagnostic radiology. The summary shall also include medically viable alternative treatments and inform the patient of advantages, disadvantages, risks, and dangers of the various procedures.

Spanish translations of the summaries must be distributed to Hispanic women. The Department shall distribute the summary to hospitals, public health centers, and appropriate physicians for public dissemination. The Department will distribute summaries to the public upon request.

In developing the summary, the law directs the Department to consult with the Advisory Board of Cancer Control, the Illinois State Medical Society, and consumer groups.

Effective Date

July 1, 1989.

Illinois**305 ILCS 5/5-4.39**

Scope Reimbursement for Breast Cancer Screening

<i>Woman's Age,</i>	35-39	Baseline
<i>Frequency</i>		
<i>of Mammogram</i>	40-49	Every one to two years
	50+	Each year

Policies and Limits Law authorizes the provision of and payment for low-dose mammography screening for occult breast cancer in women eligible for medical assistance.

All screenings must include a physical breast exam, instruction on self-examination, and information regarding the frequency of self-examination and its value as a preventive tool.

Quality Assurance Law defines low-dose mammography.

The examination must use equipment dedicated specifically for mammography.

Effective Date January 1, 1991.

Illinois**215 ILCS 5/356g(a), 5/356u, 125/4-6.1**

<i>Scope</i>	Reimbursement for Breast Cancer Screening	
<i>Woman's Age, Frequency of Mammogram</i>	35-39	Baseline
	40-49	Each year
	50+	Each year
<i>Policies and Limits</i>	<p>Law requires that insurers provide coverage for low-dose mammography screening for the presence of occult breast cancer.</p> <p>Law applies to every group or individual insurance policy, contract, or certificate of insurance; every contract evidence of coverage issued by health maintenance organizations; the Illinois Department of Public Aid (for those eligible for medical assistance); and self-insured counties providing coverage for their employees (provided that State funds are appropriated for reimbursement).</p> <p>Law requires that the mammography benefits be at least as favorable as for other radiological examinations and be subject to the same dollar limits, deductibles, and coinsurance factors.</p>	
<i>Quality Assurance</i>	<p>Law defines low-dose mammography.</p> <p>The examination must use equipment dedicated specifically for mammography.</p>	
<i>Effective Date</i>	July 1, 1981; amended June 10, 1997.	

Illinois**215 ILCS 5/356g(b)***Scope*

Reimbursement for Breast Reconstruction and Prosthesis

*Policies
and Limits*

Law requires that accident and health insurance policies that provide for mastectomies also offer coverage for prosthetic devices and reconstructive surgery incident to the mastectomy. If there is no evidence of malignancy, coverage may be limited to two years after the date of the mastectomy.

Coverage is subject to deductible or coinsurance provisions applied to the mastectomy and all other terms and conditions applicable to other benefits.

Law defines mastectomy.

Effective Date

July 1, 1981.

Illinois**420 ILCS 40/5, 40/24.5, 40/25, 40/28(b)***Scope*

Accreditation of Facilities/Breast Cancer Screening and Education Programs

*Policies
and Limits*

Law requires all mammography procedures use a radiation machine specifically designed for and used solely for mammography. The equipment must be subjected to a quality assurance program that satisfies the quality assurance requirements of the Department.

The Department may exercise the powers, duties, and responsibilities of an accreditation body under the Mammography Quality Standards Act of 1992. The Department may implement a State program to carry out the certification program requirements provided for in the Act.

Beginning one year after the law's effective date, radiologic technologists performing mammography must satisfy training requirements established by the Department.

Unless transferred directly to the patient or physician, the provider of mammography services shall retain mammography images or films for at least 60 months. Physicians receiving films or images shall retain them for at least 60 months.

Mammography facilities must ensure that each patient is given a pamphlet that contains information on how to perform breast self-examination, on the early detection of breast cancer, and on public health facilities that can provide breast examinations and self-examination instructions. This pamphlet must be orally reviewed with each patient.

Effective Date

September 18, 1991; amended July 19, 1995 and July 21, 1995.

Illinois**20 ILCS 2310/55.70; 35 ILCS 5/507L, 5/509, 5/510***Scope*

Income Tax Checkoff for Breast and Cervical Cancer Research

*Policies
and Limits*

Law provides that State income tax forms (beginning with those for the year ending December 31, 1993) include a provision allowing taxpayers to contribute one dollar or more to the Breast and Cervical Cancer Research Fund. The contribution is in addition to any tax owed.

Law directs the Illinois Department of Public Health to award grants from the Breast and Cervical Cancer Research Fund to eligible physicians, hospitals, laboratories, educational institutions, and other organizations and persons for the conduct of research. Research includes expenditures to develop and advance the understanding, techniques, and modalities effective in the prevention, screening, early detection, treatment, and cure of breast and cervical cancer and may include clinical trials.

The Breast and Cervical Cancer Research Fund may include tax checkoff receipts and gifts, grants, and awards from private foundations, nonprofit organizations, and other governmental entities and persons.

Law directs the Department to create an advisory committee to include members from the Illinois Chapter of the American Cancer Society, Y-Me, and the State Board of Health.

Effective Date

July 14, 1993.

Illinois **65 ILCS 5/10-4-2.3, 105 ILCS 5/10-22.3F, 215 ILCS 5/356r,
305 ILCS 375/6.9**

Scope Reimbursement for Inpatient Care following Mastectomy

*Policies
and Limits* Law requires insurers that provide surgical coverage to provide coverage for post-mastectomy inpatient care for a length of time determined by the attending physician to be medically necessary, and based upon scientific evidence, consultation with the patient, and the availability of coverage for a post-discharge physician office visit or an in-home nurse to verify the patient's condition within the first 48 hours after discharge.

 This law applies to self-insuring municipalities providing health coverage to employees; State employees group insurance policies of group and individual accident and health insurance; and the State medical assistance program.

Effective Date June 10, 1997.

Indiana**IND. CODE ANN. §§ 27-8-14-1 to 27-8-14-6***Scope*

Reimbursement for Breast Cancer Screening

*Woman's Age,
Frequency
of Mammogram*

35-39

Baseline

40-49

Every two years, but every year for a woman at risk (a woman who has a personal history of breast cancer or biopsy-proven benign breast disease; whose mother, sister, or daughter has had breast cancer; or who has not given birth by age 30).

50+

Each year

*Policies
and Limits*

Law requires that any policy or contract providing for third-party payment or prepayment of health or medical expenses include minimum mammography examination coverage.

Law applies to individual or group accident and sickness insurance; individual or group hospital or medical service contracts; individual or group health maintenance organization contracts; and individual or group Medicare supplemental policies (except where preempted by Federal law).

Law does not apply to long-term care policies or contracts.

Mammogram benefits may be subject to any policy or contract provisions applicable generally to other services under the policy or contract.

Quality Assurance

Not indicated.

Effective Date

July 2, 1989.

Indiana**IND. CODE ANN. § 5-10-8-7.2**

<i>Scope</i>	Reimbursement for Breast Cancer Services for Public Employees	
<i>Woman's Age, Frequency of Mammogram</i>	35-39	Baseline
	40-49	Every two years, but every year for a woman at risk (a woman who has a personal history of breast cancer or biopsy-proven benign breast disease; whose mother, sister, or daughter has had breast cancer; or who has not given birth by age 30).
	50+	Each year
<i>Policies and Limits</i>	<p>Law requires that self-insurance programs and health maintenance organization contracts providing health care coverage for public employees must provide breast cancer diagnostic, outpatient treatment, and rehabilitative services.</p> <p>Law requires that the reimbursement for mammography be at a level as high as the <i>lower of</i> that established under the Medicare Economic Index or the rate negotiated by the contracted provider. Either the State or the employee or a combination of both shall pay the cost of coverage.</p> <p>The breast cancer diagnostic services are in addition to any benefits specifically provided for X-rays, laboratory testing, or wellness examinations.</p> <p>The coverage may not be subject to dollar limits, deductibles, or coinsurance provisions less favorable than those applying to physical illness generally.</p>	
<i>Quality Assurance</i>	<p>Law defines breast cancer diagnostic service, breast cancer outpatient treatment services, breast cancer rehabilitative services, breast cancer screening mammography, and mammography services provider.</p> <p>Mammography screening must be performed by a mammography services provider using equipment designed for and dedicated specifically to mammography to detect unsuspected breast cancer.</p> <p>The mammography services provider must be accredited by the American College of Radiology, meet equivalent Indiana Department of Health guidelines, or be certified by the U.S. Department of Health and Human Services for Medicare participation.</p> <p>Coverage includes a physician's interpretation of the results.</p>	
<i>Effective Date</i>	June 30, 1992.	

Indiana**IND. CODE ANN. §§ 27-8-5-26, 27-13-7-14***Scope*

Reimbursement for Breast Reconstruction and Prosthesis

*Policies
and Limits*

Law requires all accident and sickness insurance plans and health maintenance organizations issued after June 30, 1997 that provide coverage for mastectomy to also include coverage for prosthetic devices and reconstructive surgery following mastectomy. Reconstructive surgery shall include all stages of reconstruction of the breast on which the mastectomy was performed, as well as surgery and reconstruction of the other breast to achieve symmetry.

Coverage of prosthetic devices or reconstructive surgery shall be subject to the deductible and coinsurance provisions that apply to the mastectomy, as well as all other terms and conditions applicable to other benefits. If a mastectomy is performed and covered under this section and no evidence of disease is found, coverage may be limited to the provision of prosthetic devices and reconstructive surgery.

Effective Date

July 1, 1997.

Iowa**IOWA CODE ANN. § 514C.4***Scope*

Reimbursement for Breast Cancer Screening

*Woman's Age,
Frequency
of Mammogram*

35-39	Baseline
40-49	Every two years, but more frequently upon a physician's recommendation
50+	Each year

*Policies
and Limits*

Law requires that insurers offer coverage for breast cancer screening mammography as part of accident and sickness policies.

Dollar limits, deductibles, and coinsurance factors may not be less favorable than those applied to physical illness generally under the accident and sickness insurance policy. This coverage is in addition to any benefits for X-rays, laboratory testing, or wellness examinations.

Quality Assurance

Law defines breast cancer screening mammography and mammography services provider.

The examination must use equipment designed by the manufacturer for and dedicated specifically to mammography in order to detect unsuspected breast cancer. The mammography service provider must be accredited by the American College of Radiology, meet equivalent State Department of Health guidelines, or be certified by the U.S. Department of Health and Human Services for Medicare participation.

Coverage includes a physician's interpretation of the results.

Effective Date

July 1, 1991.

Iowa**IOWA CODE ANN. § 136C.15***Scope*

Accreditation of Facilities

*Policies
and Limits*

Law requires registration of all radiation machines used for mammography. Machines must be specifically authorized for use for mammography. The authorization is effective for three years.

The Department shall annually inspect radiation machines.

Radiation equipment must meet the criteria for the American College of Radiology Mammography Accreditation Program, meet the Department's requirements, have an annual on-site consultation by a qualified radiation physicist, be used according to Department rules on exposure and dose levels, and be operated by qualified individuals.

Effective Date

October 1, 1992.

Kansas**KAN. STAT. ANN. §§ 40-2229, 40-2230***Scope*

Reimbursement for Breast Cancer Screening

*Woman's Age,
Frequency
of Mammogram*

Not stipulated. Law states that reimbursement shall not be denied for mammograms when performed at the direction of a physician.

*Policies
and Limits*

Law requires health insurers to reimburse for mammograms only if the policy already covers laboratory or X-ray services.

Law applies to individual, group, or blanket policies of accident and sickness; to medical or surgical expense coverage; and to health maintenance organization contracts.

Law does not apply to Medicare supplement policies, policies of long-term care, specified accident, and accident-only coverage.

Deductibles, coinsurance, and other limitations apply to these benefits.

Quality Assurance

Coverage includes services performed at a mobile facility certified by the Federal Health Care Financing Administration and performing mammography testing by American Cancer Society guidelines.

Effective Date

July 1, 1988.

Kansas**KAN. STAT. ANN. § 65-2836(m)***Scope*

Alternative Therapies/Breast Cancer Screening and Education Programs

*Policies
and Limits*

Law requires that a physician inform a patient suffering from any form of abnormality of the breast tissue for which surgery is recommended, of alternative methods of treatment specified in the standardized summary distributed by the licensing authority.

Effective Date

Before 1993.

Kentucky**KY. REV. STAT. ANN. §§ 214.550 to 214.556***Scope*

Breast Cancer Screening and Education Programs

*Policies
and Limits*

Law establishes the Breast Cancer Screening Fund and Breast Cancer Screening Program to reduce morbidity and mortality from breast cancer in women through early detection and treatment, and to make screening services of high quality and reasonable cost available to women of all income levels and to those whose economic circumstances or geographical location limits access to breast cancer screening facilities. Screening services under the program may be undertaken by private contract or operated by the Kentucky Department of Health Services. The program may also provide referral services.

The Department may adopt a schedule of income-based fees for breast cancer screening. Where practical, the Department may collect any available insurance proceeds or other reimbursement. The Department may accept grants or awards of funds from Federal or private sources.

The law creates a breast cancer advisory committee to develop guidelines.

The law creates the Kentucky Cancer Registry and the cancer patient data management system.

Effective Date

July 1, 1990.

Kentucky**KY. REV. STAT. ANN. §§ 304.17-316, 304.18-098,
304.32-1591, 304.38-1935***Scope*

Reimbursement for Breast Cancer Screening

*Woman's Age,
Frequency
of Mammogram*

35-39	Baseline
40-49	Every two years
50+	Each year

*Policies
and Limits*

Law requires insurers to reimburse for low-dose mammography screening if the policy covers surgical services for mastectomies.

Law applies to individual, group, and blanket health insurance policies; health maintenance organizations; and nonprofit hospital, medical-surgical, dental, and health service corporations.

Coverage may be limited to \$50 per screening.

Quality Assurance

Law defines mammogram.

Mammogram must be performed on equipment specifically dedicated to mammography. Average radiation exposure must meet levels recommended in guidelines of the American College of Radiology.

Law defines who may perform screening (American College of Radiology certification), procedures, and equipment. Facilities performing mammograms must meet American College of Radiology Mammography Accreditation Program guidelines.

Effective Date

October 15, 1990.

Kentucky**KY. REV. STAT. ANN. § 311.935***Scope*

Alternative Therapies/Breast Cancer Screening and Education Programs

*Policies
and Limits*

Law directs the McDowell Cancer Network, Inc., and the James Graham Brown Cancer Center to jointly develop and periodically update a standardized written summary of the advantages, disadvantages, risks, and descriptions of all medically efficacious and viable breast cancer treatment alternatives. The summary, to be submitted to the Kentucky Cabinet for Human Resources, must be in layman's language, and in language understood by the patient.

Law provides that the Cabinet print and make available copies of the summary for distribution by physicians to patients.

Law requires that physicians provide the summary to breast cancer patients.

Effective Date

July 13, 1984.

Kentucky

**KY. REV. STAT. ANN. § 304.17-3165, 304.17a-135,
304.18-0985, 304.32-1595, 304.38-1936**

Scope

Reimbursement for Chemotherapy and Bone Marrow Transplant for Breast Cancer

*Policies
and Limits*

Law requires health insurance plans, policies, certificates, and contracts that provide coverage for the treatment of breast cancer by chemotherapy on an expense-incurred basis to provide coverage for such treatment by high-dose chemotherapy with autologous bone marrow transplantation or stem cell transplantation.

Law applies to individual, group, or blanket policies and certificates; contracts issued by nonprofit hospital, medical-surgical, dental, and health service corporations; contracts issued by health maintenance organizations; and benefits provided by health benefit plans.

This coverage shall not be subject to any greater coinsurance or copayment than that applicable to any other coverage provided by the plan.

Quality Assurance

High-dose chemotherapy with transplantation shall only be covered when administered in institutions that comply with the guidelines of the American Society for Blood and Marrow Transplantation or the International Society of Hematotherapy and Graft Engineering, whichever has the higher standard.

Effective Date

March 28, 1996.

Kentucky **1998 KY. HOUSE BILL 864**

Scope Reimbursement for Breast Reconstruction

Policies and Limits Enacts the Women's Health Act of 1998. Requires that, among other benefits, health insurance plans make available and offer coverage for all stages of breast reconstruction surgery following a mastectomy that resulted from breast cancer if the insurer also covers mastectomies.

Effective Date Upon passage, April 9, 1998.

Louisiana**LA. REV. STAT. ANN. § 22:215.11***Scope*

Reimbursement for Breast Cancer Screening

*Woman's Age,
Frequency
of Mammogram*

35-39	Baseline
40-49	Every 24 months, or more frequently upon physician's recommendation
50+	Every 12 months

*Policies
and Limits*

Law requires insurers to include benefits payable for mammography examination.

Law applies to hospital, health, medical expense insurance policies; the State Employees' Group Benefit Program (effective July 1, 1998); hospital or medical service contracts; employee welfare benefit plans; health and accident insurance policies; or any other insurance contract of this type. Excepted are limited benefit and supplemental health insurance policies.

The benefits are payable under the same circumstances and conditions as benefits paid under the policies for all other diagnoses, illnesses, or accidents.

Quality Assurance

Law defines minimum mammography examination.

Effective Date

January 1, 1992; amended by 1997 La. Act 1439, July 15, 1997.

Louisiana**1997 LA. ALS 1341; 1997 LA. ACT 1341; 1997 LA. SB 699***Scope*

Reimbursement for Breast Reconstruction and Prosthesis

*Policies
and Limits*

Law states that insurance policies covering mastectomy surgery must also cover reconstruction of the breast on which surgery has been performed and reconstruction of the other breast to produce a symmetrical appearance. Coverage shall be subject to those surgeries that are part of a treatment plan agreed to by the patient and the attending physician. Coverage is only required if the reconstructive surgery is performed under the same policy or plan that the mastectomy was performed.

Coverage is subject to the same deductible, coinsurance, and copayment provisions applicable to mastectomy surgery.

Law applies to hospital, health, or medical expense policies; hospital or medical service contracts; employee welfare benefit plans; health and accident insurance policies; group insurance plans; the State Employees' Group Benefits Program; self-insurance plans; health maintenance organizations; preferred provider organizations; and any policy of group, family group, blanket, or franchise health and accident insurance.

Law does not apply to individually underwritten limited benefit and supplemental health insurance policies.

Effective Date

January 1, 1998.

Maine**MAINE REV. STAT. ANN. 24 §§ 2320-A, 2745-A, 2837-A, 4237-A***Scope*

Reimbursement for Breast Cancer Screening

*Woman's Age,
Frequency
of Mammogram*

40+ At least once a year

*Policies
and Limits*

Law requires insurers to provide coverage for screening mammography.

Law applies to individual and group hospital and medical service plan contracts and all nonprofit health care plan contracts. Law also applies to all individual and group insurance policies that cover radiological procedures except those designed to cover only specific diseases, accidental injury, or dental procedures.

Quality Assurance

Providers must meet Maine Department of Human Services' standards relating to radiation protection.

Law requires insurers to submit data on claims paid. The Maine Superintendent of Insurance shall submit a report to the Mandated Benefits Advisory Committee.

Law defines screening mammography.

Effective Date

March 1, 1991; amended January 1, 1998.

Maine**MAINE REV. STAT. ANN. 24 §§ 2332-F, 2850-A, 4241***Scope*

Reimbursement for Breast Cancer Screening

*Woman's Age,
Frequency
of Mammogram*

Not applicable.

*Policies
and Limits*

Law requires insurers to cover annual gynecological examinations that include clinical breast examinations.

Law applies to managed care plans that require enrollees to select primary care physicians. Such plans may be group policies or contracts issued by health maintenance organizations; insurers; or nonprofit hospital and medical service organizations.

Quality Assurance

The examinations may be performed by physicians, certified nurse practitioners, or certified nurse midwives participating in the plan, without prior approval from the primary care physician. The plan may require that patients obtain referrals from their primary care physician for any follow-up care.

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Effective Date

January 1, 1997.

Maine

**MAINE REV. STAT. ANN. 24 §§ 2320-C, 2745-C,
2837-C, 4237**

Scope

Reimbursement for Inpatient Care Following Mastectomy

*Policies
and Limits*

Law enacts the Breast Cancer Patient Protection Act. Law requires that inpatient care subsequent to a mastectomy, lumpectomy, or lymph node dissection for the treatment of breast cancer be provided for a period of time determined to be medically appropriate by the attending physician in consultation with the patient.

Law does not require the provision of specified inpatient coverage if the physician and patient determine that a shorter length of stay is appropriate.

Health insurance policies may not modify the terms and conditions based on an enrollee's request for less than the minimum coverage required under this law. Additionally, the law directs policies to provide written notice of the coverage required and to display the information prominently in plan literature or correspondence.

Law applies to individual and group nonprofit and medical services plan contracts; nonprofit health care plan contracts; individual and group health policies; and other specified individual and group coverage.

Law does not apply to accidental injury, specified disease, Medicare supplement, and other limited benefit policies and contracts.

Effective Date

January 1, 1998.

Maine**MAINE REV. STAT. ANN. 24 §§ 2320-C, 2745-C, 2837-C, 4237***Scope*

Reimbursement for Breast Reconstruction and Prosthesis

*Policies
and Limits*

Law states that insurance policies covering mastectomy surgery must also cover reconstruction of the breast on which surgery has been performed and reconstruction of the other breast to produce a symmetrical appearance. This coverage is required if the patient elects reconstruction, and applies to reconstruction performed in the manner chosen by the patient and the physician, and is determined to be medically appropriate by both.

Health insurance policies may not modify the terms and conditions based on an enrollee's request for less than the minimum coverage required under this law. Additionally, the law directs policies to provide written notice of the coverage required and to display the information prominently in plan literature or correspondence.

Law applies to individual and group nonprofit and medical services plan contracts; nonprofit health care plan contracts; individual and group health policies; and other specified individual and group coverage.

Law does not apply to accidental injury, specified disease, Medicare supplement, and other limited benefit policies and contracts

Effective Date

1995 enactment; amended January 1, 1998.

Maine**MAINE REV. STAT. ANN. 22 § 8711.2***Scope*

Reporting Requirements for Mammography Services

*Policies
and Limits*

Law authorizes and directs the Maine Health Data Organization to require mammography providers to furnish specified data to the Organization. Information that may be collected includes the locations of mammography units; purchases of new mammography units; numbers of screening and diagnostic mammograms performed; charges per mammogram; methods and amounts of payments; and numbers of cancers detected by screening mammograms.

These data are to assist in evaluations of the social and financial impact and the efficacy of the mandated benefit for screening mammograms (see Reimbursement for Breast Cancer Screening, above).

Effective Date

May 1, 1996.

Maine**MAINE REV. STAT. ANN. 24 § 2905A***Scope*

Alternative Therapies/Informed Consent for Breast Cancer Treatment

*Policies
and Limits*

Law requires that physicians who are administering primary treatment for breast cancer must inform the patient, orally and in writing, about alternative, efficacious methods of treating breast cancer, including surgery, radiologic treatments, or chemotherapy, as well as the advantages, disadvantages, and risks of each of these treatments.

Written information used may be either a standard, written summary developed by the State Bureau of Health after consultation with the Cancer Advisory Committee, or a brochure that is approved or distributed by the National Cancer Institute, the American Cancer Society, the American College of Surgeons, or any other recognized professional organization approved by the Bureau of Health. Patients must sign a form indicating that they have received the required oral information, and a copy of the brochure or written summary that they receive shall be included in their medical record.

Nothing in this section shall restrict the rights of a patient under common law.

Effective Date

1989.

Maryland**1998 MD. HOUSE BILL 766; 1998 MD. SENATE BILL 634**

Scope Breast Cancer Screening and Education Programs/Reimbursement for Breast Cancer Screening

<i>Woman's Age, Frequency of Mammogram</i>	40-49	At least every two years
	50+	Every year

Policies and Limits Law requires the creation, by the Department of Health and Mental Hygiene, of a Breast Cancer Program to provide screening mammograms and clinical breast examinations to specified low-income women aged 40 to 49 years on at least a biennial basis and for women aged 50 years and older on an annual basis.

Law also requires the Program to provide diagnosis and treatment for individuals who are identified as being in need or requiring specified funding.

Effective Date July 1, 1998.

Maryland**MD. ANN. CODE § 19-348***Scope*

Breast Cancer Screening and Education Programs

*Policies
and Limits*

Law requires hospitals to offer mammography educational materials to each female patient when it is medically appropriate for the patient. The Department of Health and Mental Hygiene shall select (or develop), print, and update these materials, in collaboration with the Maryland Hospital Association, the Medical and Chirurgical Faculty of Maryland, and appropriate advocacy groups.

Effective Date

October 1, 1996.

Maryland**MD. HEALTH-GENERAL CODE ANN. § 15-814;
MD. INSURANCE CODE ANN. § 15-907***Scope*

Reimbursement for Breast Cancer Screening

*Woman's Age,
Frequency
of Mammogram*

35-39	Baseline
40-49	Every two years, or more frequently upon physician's recommendation
50+	Every year

*Policies
and Limits*

Law requires insurers to provide coverage for mammograms.

Law applies to nonprofit health service plans; hospital or major medical insurance policies; and group or blanket health insurance policies. Medicare supplemental policies are required to cover low dose mammography if allowed by amendment of § 1882 (p) of the Federal Social Security Act.

An insurer may not impose a deductible on the coverage required under this law.

Beginning July 30, 1993, insurers must annually report to the Insurance Commissioner, for forwarding to the Interdepartmental Committee on Mandated Insurance Benefits, screening mammogram information on average charges, average allowed charge, average payout, total number of women covered by age categories, total number of screening mammograms per year by age categories, total amount paid, and total amount paid for the treatment of cancer by stage of disease and age categories.

Law does not require policies or plans subject to the above provisions to cover screening mammography used to identify breast cancer in asymptomatic women that are provided by a facility that is not accredited by the American College of Radiology.

Quality Assurance

Law defines mammogram, screening mammogram, and low dose mammography.

An insurer has no obligation to cover screening mammograms provided by a facility that is not accredited by the American College of Radiology or not certified or licensed under a program established by the State.

Effective Date

July 1, 1991.

Maryland

MD. ANN. CODE ART. 48A §§ 490 FF, 15-815
MD. HEALTH-GENERAL CODE ANN. § 19-706(d)

Scope

Reimbursement for Breast Reconstruction and Prosthesis

*Policies
and Limits*

Law requires that insurers provide coverage for reconstructive breast surgery. This coverage includes all stages of reconstructive surgery performed on a nondiseased breast to establish symmetry with a diseased breast when reconstructive surgery is performed on the diseased breast.

Law applies to health maintenance organizations, and to insurers or nonprofit health service plans that provide hospital, medical, or surgical benefits to any group or individual on an expense-incurred basis.

Law defines mastectomy and reconstructive breast surgery.

Effective Date

October 1, 1996, for new policies; October 1, 1997, for policies in effect before October 1, 1996.

Maryland**MD. HEALTH-GENERAL CODE ANN. § 20-115***Scope*

Accreditation of Facilities

*Policies
and Limits*

Law requires that individuals performing mammography testing be qualified under the Maryland Health Occupation Article. In addition, testing centers must be accredited under the American College of Radiology Screening Mammography Accreditation Program and have a certificate of approval from the Federal Food and Drug Administration as specified in the Mammography Quality Standards Act of 1992.

Quality Assurance

Law defines mammogram and mammography testing.

Effective Date

July 1, 1992; amended October 1, 1996.

Maryland**MD. ANN. CODE § 20-113***Scope*

Alternative Therapies/Breast Cancer Screening and Education Programs

*Policies
and Limits*

Law requires that before treating any patient for any form of breast cancer, the physician shall educate the patient on alternative methods of treatment. Use of the Maryland Department of Health and Mental Hygiene's standardized written summary satisfies this requirement.

Law directs that the Department provide a standardized written summary, in layman's language, that lists all effective methods of treatment for breast cancer that may be medically practicable and describes the advantages, disadvantages, risks, and procedures associated with each method of treatment listed.

Law does not apply for treatment occurring within five days of diagnosis or treatment necessary to save the patient's life.

Effective Date

1986 enactment.

Massachusetts **MASS. GEN. LAWS ANN. Ch. 175 §§ 47G, 110; Ch. 176A § 8J; Ch. 176B § 4I; Ch. 176G § 4**

Scope Reimbursement for Breast Cancer Screening

<i>Woman's Age,</i>	35-40	Baseline
<i>Frequency</i>		
<i>of Mammogram</i>	40+	Each year

Policies and Limits Law applies to blanket or general accident or sickness and employer's health and welfare fund policies; individual group hospital service plans; individual or group medical service agreements; and health maintenance organizations.

Law does not apply to Medicare supplemental insurance policies.

Quality Assurance Not indicated.

Effective Date November 27, 1987.

Massachusetts MASS. GEN. LAWS ANN. Ch. 111 § 5Q

Scope Accreditation of Facilities

*Policies
and Limits* Law directs the Massachusetts Department of Public Health to promulgate
rules and regulations for the licensing of mammography facilities.

The rules shall be as stringent as the most current standards of the American
College of Radiology and require that a physician be designated by the
facility as responsible for overall quality assurance.

Rules and regulations shall also include optimum exposure ranges, equipment
standards and requirements, mandated quality assurance programs, phantom
image quality requirements, operator training and experience requirements,
annual evaluation and calibration of the mammography unit by a qualified
radiation physicist, registration of mammography facility and specific
inspection procedures by Department inspectors, and reporting and record
keeping requirements. In lieu of the above, the Department may accept
certification by the American College of Radiology or other recognized
organization.

Mammograms must be read and interpreted by a physician.

The radiologic technologist is responsible for ensuring that the radiographs
meet the technical and diagnostic requirements of the physician reading the
mammogram.

The Department shall require the use of radiographic systems specifically
designed for and exclusively used for mammography.

The Department shall inspect mammography facilities annually.

The Department may suspend or revoke a license of a facility violating this
law.

Effective Date October 18, 1992.

Massachusetts **MASS. GEN. LAWS ANN. CH. 175 § 47M; 176A § 80; CH. 176B § 40; CH. 176G § 4F; CH. 32A § 17D; CH. 175 § 47R**

Scope Reimbursement for Bone Marrow Transplant for Breast Cancer

Policies and Limits Law requires insurers to provide coverage for bone marrow transplant or transplants for persons who have been diagnosed with breast cancer that has progressed to metastatic disease.

Law applies to accident and health insurance policies; non-profit hospital service corporations; medical service corporations; health maintenance contracts; and policies covering active or retired employees of the Commonwealth.

Patients must meet criteria established by the Massachusetts Department of Public Health consistent with medical research protocols reviewed and approved the National Cancer Institute.

Effective Date April 13, 1994; amended December 27, 1996.

Massachusetts MASS. GEN. LAWS ANN. Ch. 71 § 1

Scope Public Education

*Policies
and Limits* Law directs that public school health education programs include instruction
on the detection and prevention of breast cancer.

Effective Date 1977 enactment.

Massachusetts 1997 MASS. ALS 43; 1997 MASS. H.B. 4700

Scope Breast Cancer Screening and Education Programs/Breast Cancer Research Programs

*Policies
and Limits* Law directs the Massachusetts Department of Public Health to conduct a study and file a report on a five-year program for breast cancer prevention, research and detection services. The report is to incorporate and evaluate the results of the scientific research grant program investigating potential environmental factors that contribute to breast cancer in areas of “unique opportunity.”

Law also provides for an early breast cancer detection program, mammographies for the uninsured, breast cancer research, and a breast cancer detection public awareness program.

Effective Date Enacted upon passage, July 10, 1997.

Michigan

MICH. COMP. LAWS §§ 333.9501, 333.9503

Scope

Breast Cancer Screening and Education Programs/Accreditation of Facilities

*Policies
and Limits*

Law establishes the Breast Cancer Mortality Reduction Program, which includes:

professional skills education programs for health professionals to develop state-of-the-art skills in screening, diagnosis, referral, treatment, and rehabilitation.

public education programs on the benefits of regular screening; the procedures that can make the best use of the medical care systems for screening, diagnosis, referral, treatment, and rehabilitation; and treatment options for cancer.

applied research and community demonstration grant programs for local communities to demonstrate and evaluate the best methods to reduce cancer morbidity and mortality and to provide access to breast cancer screening, diagnosis, treatment, and rehabilitation services for populations with higher than expected rates of breast cancer morbidity or mortality.

The Michigan Department of Health will promulgate rules for licenses or registration for radioactive materials, and for registration of machines to perform mammographies. The law provides quality assurance (American College of Radiology Mammography Accreditation Program) criteria for machines and facilities.

Effective Date

June 16, 1989.

Michigan**MICH. COMP. LAWS §§ 333.21054a, 500.3406d, 500.3614, 550.1416***Scope*

Reimbursement for Breast Cancer Screening

*Woman's Age,
Frequency
of Mammogram*

35-39	Baseline
40+	Each year

*Policies
and Limits*

Law requires that health maintenance organizations; hospital, medical, or surgical expense-incurred policies; and group and non-group certificates of health care corporations include coverage for breast cancer diagnostic services, breast cancer outpatient treatment services, and breast cancer rehabilitative services. Group and non-group certificates of health care corporations must cover breast cancer screening mammography.

Dollar limits, deductibles, and coinsurance provisions may not be less favorable than those for physical illness generally.

Quality Assurance

Law defines breast cancer diagnostic services, breast cancer rehabilitative services, breast cancer screening mammography, and breast cancer outpatient treatment services.

Breast cancer screening mammography must use equipment designed and dedicated specifically for mammography in order to detect unsuspected breast cancer.

Effective Date

November 1, 1989.

Michigan**MICH. COMP. LAWS §§ 500.3613, 500.3406A, 550.1415***Scope*

Reimbursement for Breast Reconstruction and Prosthesis

*Policies
and Limits*

Law requires that hospital, medical, or surgical expense-incurred policies and group and non-group certificates of health care corporations provide benefits for prosthetic devices to maintain or replace the body part of an individual who has undergone a mastectomy.

Reasonable charges for medical care and attendance for an individual who receives reconstructive surgery following a mastectomy or who is fitted with a prosthetic device are a covered benefit after the attending physician certifies the medical necessity or desirability of a proposed course of rehabilitative treatment.

Effective Date

March 30, 1983.

Michigan

MICH. COMP. LAWS §§ 333.17013, 333.17513

Scope

Alternative Therapies/Breast Cancer Screening and Education Programs

Policies and Limits

Law directs that a physician administering primary treatment for breast cancer to a patient diagnosed as having breast cancer shall inform the patient, orally and in writing, about alternative methods of treatment. The physician also shall inform the patient of the advantages, disadvantages, risks, and procedures of each method of treatment. Use of the Michigan Department of Public Health's standardized written summary or brochure satisfies this requirement.

The standardized written summary or brochure shall:

- # be developed by the Department in cooperation with the Chronic Disease Advisory Committee;

- # be drafted in nontechnical terms that the patient can understand;

- # inform the patients about alternative methods of treatment;

- # inform the patients about the advantages, disadvantages, and risks for each method of treatment and about the procedures involved in each method of treatment; and

- # be available to physicians through the Michigan Board of Medicine and the Michigan Board of Osteopathic Medicine and Surgery.

The patient's medical record shall include the standardized written summary or a signed form indicating that the patient has received the brochure. A patient who signs the form shall be barred from subsequently bringing a civil action against the physician based on failure to obtain informed consent, but only in regard to information on alternative forms of treatment and associated advantages, disadvantages, and risks.

Effective Date

November 6, 1986.

Minnesota**MINN. STAT. ANN. §§ 62A.30, 62A.315***Scope*

Reimbursement for Breast Cancer Screening

*Woman's Age,
Frequency
of Mammogram*

Not stipulated.

*Policies
and Limits*

Law requires insurers to include coverage for routine mammogram screening procedures.

Law applies to all policies of accident and health insurance; health maintenance contracts; health benefit certificates of fraternal benefit societies; and subscriber contracts of nonprofit health service plans. Under Section 62A.315, extended basic Medicare supplement plans must cover 100 percent of the cost of routine screening procedures for cancer, including mammograms.

Law does not apply to policies designed primarily to provide coverage payable on a per diem, fixed indemnity, or non-expense-incurred basis, or policies that provide only accident coverage.

Quality Assurance

Not indicated.

Effective Date

August 1, 1988.

Minnesota **MINN. STAT. ANN. § 144.651(9)**

Scope Alternative Therapies

*Policies
and Limits* Law requires that every patient suffering from any form of breast cancer be fully informed of all alternative effective methods of treatment of which the treating physician is knowledgeable (including surgery, radiology, and chemotherapy) and the associated risks.

Effective Date 1982 enactment.

Minnesota**MINN. STAT. ANN. §§ 62A.307, 62A.309***Scope*

Reimbursement for Chemotherapy and Bone Marrow Transplant for Breast Cancer

*Policies
and Limits*

Law requires all health plans (as defined in Section 62A.011) to cover the treatment of breast cancer by high-dose chemotherapy with autologous bone marrow transplantation, and to cover expenses arising from this treatment.

This coverage shall not be subject to any greater coinsurance, copayment, or deductible than that applicable to any other coverage provided by the plan.

Effective Date

May 19, 1995.

Mississippi**1998 Ms. SENATE BILL 2215**

Scope Reimbursement for Breast Cancer Screening

*Woman's Age,
Frequency
of Mammogram* 35+ Every year

Policies and Limits Requires that group or individual policies, and contracts or certificates of health insurance issued or renewed for persons who are residents of the State, cover screening for the presence of occult breast cancer within the provisions of the policies, contracts, or certificates. Coverage shall be offered on an optional basis, and each primary insured person must accept or reject such coverage in writing and accept responsibility for premium payment.

Benefits under this provision shall be at least as favorable as those for other radiological examinations and subject to the same dollar limits, deductibles, and coinsurance factors.

Law does not apply to accident-only, specified disease (except cancer), hospital indemnity, Medicare supplement, long-term care, or limited benefit health insurance policies.

Quality Assurance Defines low-dose mammography.

Effective Date January 1, 1999.

Missouri**MO. REV. STAT. § 376.782**

<i>Scope</i>	Reimbursement for Breast Cancer Screening	
<i>Woman's Age, Frequency of Mammogram</i>	35-39	Baseline
	40-49	Every two years, or more frequently upon physician's recommendation
	50+	Every year
	Any age	Upon the recommendation of a physician, when the patient, her mother, or her sister has a prior history of breast cancer
<i>Policies and Limits</i>	<p>Law requires that insurers provide coverage for low-dose mammography screening.</p> <p>Law applies to individual and group health insurance policies providing coverage on an expense-incurred basis; individual and group service or indemnity type contracts issued by nonprofit corporations; health maintenance organization individual and group service contracts; self-insured group arrangements (to the extent not preempted by Federal law); and managed health care delivery entities.</p> <p>Mammography coverage and benefits shall be at least as favorable and subject to the same dollar limits, deductibles, and copayments as other radiological examinations.</p>	
<i>Quality Assurance</i>	<p>Law defines low-dose mammography.</p> <p>The examination must use equipment specifically designed and dedicated for mammography.</p>	
<i>Effective Date</i>	August 28, 1990; amended in 1995.	

Missouri**MO. REV. STAT. §§ 192.760 to 192.766***Scope*

Accreditation of Facilities

*Policies
and Limits*

Law requires registration with the Missouri Department of Health of all radiation machines used for mammography. The authorization is effective for three years.

Law mandates annual inspections by the Department.

The radiation equipment must meet the criteria of the American College of Radiology Mammography Accreditation Program and the Department of Health's requirements, be specifically designed for mammography, be used exclusively for mammography, be used in a facility that has an annual on-site consultation by a radiation physicist, be used according to Department rules on exposure and dose levels, and be operated by qualified individuals.

Law directs the Department of Health to issue rules on licenses or registration for radioactive materials and other sources of ionizing radiation used to perform mammography facilities. The rules shall provide for suspension or revocation of licenses.

The Department may issue rules establishing requirements for record keeping, permissible levels of exposure, notification and reports of accidents, protective measures, technical qualifications of personnel, handling, transportation, interpretation, storage, waste disposal, posting and labeling of hazardous sources and areas, and surveys and monitoring.

The Department shall issue rules and regulations for a patient notification/recall system when deficiencies are found in mammography and minimum training and performance standards for an individual using a radiation machine for mammography.

The rules do not limit the intentional exposure of patients to radiation for the purpose of lawful therapy or research.

The rules may provide for recognition of other State or Federal licenses.

The law provides for applications, schedule of fees, and inspections. The Director of the Department shall deposit fees in the Mammography Fund.

Effective Date

Sixty days after August 28, 1992.

Missouri**MO. REV. STAT. § 376.1200**

<i>Scope</i>	Reimbursement for Chemotherapy and Bone Marrow Transplant for Breast Cancer
<i>Policies and Limits</i>	<p>Law requires insurers to offer coverage for the treatment of breast cancer by dose-intensive chemotherapy/autologous bone marrow transplants or stem cell transplants. The offer and acceptance must be in writing.</p> <p>Law applies to entities offering individual or group health insurance policies providing coverage on an expense-incurred basis; individual and group service or indemnity contracts issued by a health services corporation; individual and group service contracts issued by a health maintenance organization; self-insured group arrangements to the extent not preempted by Federal law; and managed health care delivery entities. The law does not apply to short-term travel; accident-only limited, or specified disease policies; or to short-term nonrenewable policies of not more than seven months duration.</p> <p>The coverage shall not be subject to any greater deductible or copayment than that applicable to any other coverage provided by the plan. The plan may, however, impose a lifetime benefit maximum of not less than \$100,000 for dose-intensive chemotherapy/autologous bone marrow transplants.</p> <p>The coverage may be administered through a managed care program of exclusive and/or preferred contractual arrangements with one or more providers. Such arrangements may hold the patient harmless for the costs of treatment in the event of a dispute between the managed care program and the provider.</p>
<i>Quality Assurance</i>	Insurers are required to cover treatments only if they are performed in accordance with nationally accepted peer review protocols used by breast cancer treatment centers experienced in dose-intensive chemotherapy/autologous bone marrow transplants or stem cell transplants.
<i>Effective Date</i>	January 1, 1996.

Missouri**MO. REV. STAT. § 376.1209***Scope*

Reimbursement for Breast Reconstruction and Prosthesis

*Policies
and Limits*

Law requires insurers to cover prosthetic devices or reconstructive surgery if they cover mastectomy. Coverage provided shall include devices or surgery incident to the mastectomy that are recommended by the patient's oncologist or primary care physician.

Coverage for these services shall be subject to the same deductible and coinsurance conditions applied to the mastectomy and other benefits.

Law applies to insurers providing coverage on an expense-incurred basis, contracts issued by non-profit corporations, health maintenance organizations, self-insured group arrangements (to the extent allowed by Federal law), and all managed health care entities.

Law does not apply to life care contracts, accident only, specified disease, fixed daily hospital benefits, Medicare supplemental, and other limited benefit policies.

Quality Assurance

Law defines mastectomy.

Effective Date

January 1, 1998.

Montana**MONT. CODE ANN. §§ 33-22-132, 53-6-101(2)(c)***Scope*

Reimbursement for Breast Cancer Screening

*Woman's Age,
Frequency
of Mammogram*

35-39

Baseline

40-49

Every two years, or more frequently upon physician's recommendation

50+

Each year

*Policies
and Limits*

Law requires that group or individual medical expense, cancer, and blanket disability policies, certificates of insurance, and membership contracts provide minimum mammography examination coverage. The Montana Medicaid Program includes mammography services as defined above.

Law does not apply to disability income, hospital indemnity, Medicare supplement, accident-only, vision, dental, or specified disease policies.

The insurer must pay the *lesser of* \$70 or the actual charge for each examination.

Quality Assurance

Not indicated.

Effective Date

September 19, 1991; amended October 1, 1995.

Montana**MONT. CODE ANN. § 33-22-134***Scope*

Reimbursement for Inpatient Care Following Mastectomy

*Policies
and Limits*

Law requires insurers to provide coverage for hospital inpatient care for a period of time determined necessary by the attending physician (and in the case of a health maintenance organization, also the primary care physician), in consultation with the patient, to be medically necessary following a mastectomy, lumpectomy, or lymph node dissection.

Law applies to disability policies, the State employee group insurance program, the university system employee group insurance program, employee group insurance programs in the State, and any self-funded multiple employer welfare arrangements that are not regulated by ERISA.

Effective Date

January 1, 1998.

Montana**MONT. CODE ANN. § 33-22-135***Scope*

Reimbursement for Breast Reconstruction

*Policies
and Limits*

Law requires insurers to provide coverage for reconstructive surgery following mastectomy to include reconstructive surgery of the diseased breast, and all stages of one reconstructive surgery on the non-diseased breast to establish symmetry.

Reconstructive breast surgery coverage shall also include the costs of prostheses as well as coverage for outpatient chemotherapy following surgical procedures if the contract includes coverage for outpatient x-ray or radiation therapy.

Law applies to disability policies.

Quality Assurance

Law defines mastectomy and reconstructive breast surgery.

Effective Date

January 1, 1998.

Montana**MONT. CODE ANN. § 37-3-33***Scope*

Alternative Therapies/Written Consent for Breast Cancer Treatment

*Policies
and Limits*

Law requires physicians and surgeons to secure written informed consent agreements from patients certifying that the patient has been informed about the full range of efficacious, viable medical treatment alternatives to the removal of breast tissue, including radiological or chemotherapeutic treatments or combinations of these treatments; the advantages, disadvantages, risks, and descriptions of the alternative procedures; and aspects of recovery including the options available for reconstructive surgery.

Failure to provide this information to patients to the best of their available knowledge constitutes unprofessional conduct on the part of the physician or surgeon.

Effective Date

January 1, 1998.

Nebraska

NEB. REV. STAT. §§ 44-785, 71-7001 to 71-7013

Scope

Breast Cancer Screening and Education Programs/Reimbursement for Breast Cancer Screening

Woman's Age, Frequency of Mammogram

State Program:

31-49	Each year for women with a personal or family (mother or sister) history of pre-menopausal breast cancer
35-39	Baseline
40-49	Every two years
50-64	Each year

Insurance Mandate:

35-39	Baseline
40-49	Every two years, or more frequently based on a physician's recommendation
50+	Each year

Policies and Limits

Law directs the Nebraska Department of Health to create a statewide mammography screening program, which shall reimburse mammography suppliers who provide screening mammography to eligible women. As funds permit, the program shall also provide reimbursement for definitive diagnostic procedures for women receiving abnormal screening results under the program.

Law provides that the Breast and Cervical Cancer Advisory Committee advise the Department on income guidelines for eligible women and reimbursement rates. The program will not pay for screening mammography for women who have public or private insurance covering the procedure, whose income exceeds the Department guidelines, or who are eligible for screening under any Federal or State health benefit program.

Law permits the Department to receive Federal and other public and private funds for the Breast and Cervical Cancer Cash Fund.

Law requires insurers to cover screening mammography, on no less favorable terms than other radiological examinations (deductibles and copayments are allowed). This mandate applies to individual or group sickness and accident policies or contracts; hospital, medical, or surgical expense-incurred policies, except specified-disease or other limited-benefit coverages; and self-funded employee benefit plans to the extent not preempted by Federal law.

Quality Assurance Mammography suppliers must meet the standards of the Federal Mammography Quality Standards Act of 1992.

Effective Date September 6, 1991; amended in 1995.

Nevada **NEV. REV. STAT. §§ 689A.0405, 689B.0374, 695B.191, 695C.1735, 695B.1912**

Scope Reimbursement for Breast Cancer Screening

<i>Woman's Age, Frequency of Mammogram</i>	35-39	Baseline
	40+	Each year

*Policies
and Limits* Law requires health insurers to provide coverage for mammograms.

Law applies to health insurance policies; group health insurance policies; hospital or medical service corporation policies; and health maintenance plans.

Insurance policies and health maintenance organizations may not require insured individuals to obtain prior authorization for any of the services provided under this law.

Quality Assurance Not indicated.

Effective Date October 1, 1989; amended October 1, 1997.

Nevada	NEV. REV. STAT. §§ 608.157, 616.503, 617.395, 689A.041, 689B.0375, 695B.191, 695C.171
<i>Scope</i>	Reimbursement for Breast Reconstruction and Prosthesis
<i>Policies and Limits</i>	<p>Law requires health insurers that provide coverage for mastectomies also to provide commensurate coverage for at least two prosthetic devices and for reconstructive surgery incident to the mastectomy.</p> <p>Law applies to employee health plans; workers' compensation; health insurance policies; group health insurance policies; hospital or medical service corporation policies; and health maintenance plans.</p> <p>If the reconstructive surgery is begun within three years of the mastectomy, the amount of benefits for that surgery must equal the amount provided at the time of the mastectomy. For surgery begun more than three years after the mastectomy, the benefits are subject to all the terms, conditions, and exclusions in the policy at the time of the reconstructive surgery.</p>
<i>Quality Assurance</i>	Law defines reconstructive surgery.
<i>Effective Date</i>	October 1, 1989.

Nevada**NEV. REV. STAT. §§ 457.182 to 457.187***Scope*

Accreditation of Facilities

*Policies
and Limits**Radiation Machines*

Law requires that a radiation machine used for mammography have a certificate of authorization from the Health Division and be accredited by the American College of Radiology or meet standards established by the Health Division. The certificate expires in one year. To obtain a certificate of authorization for a radiation machine, a person must:

- # submit an application to the Health Division;
- # provide any additional information required by the Health Division; and
- # pay a fee.

Operators

Law requires that a person operating a radiation machine for mammography have a valid certificate of authorization to operate the radiation machine issued by the Health Division or is licensed pursuant to statute. The certificate of authorization expires in three years. To obtain a certificate of authorization, a person must:

- # submit an application to the Health Division;
- # be certified by the American Registry of Radiologic Technologists or meet standards set by the Health Division;
- # pass any examination required by the Health Division; and
- # pay a fee.

Effective Date

October 1, 1989.

**New
Hampshire**

N.H. REV. STAT. ANN. §§ 417-D:1 to 417-D:4

<i>Scope</i>	Reimbursement for Breast Cancer Screening	
<i>Woman's Age, Frequency of Mammogram</i>	35-39	Baseline
	40-49	Every one to two years
	50+	Each year
<i>Policies and Limits</i>	<p>Law requires that policies of accident or health insurance providing benefits for hospital expense, medical-surgical expense, or major medical expense shall provide coverage for screening by low-dose mammography.</p> <p>Benefits shall be at least as favorable as for other radiological examinations and subject to the same dollar limits, deductibles, and coinsurance factors.</p>	
<i>Quality Assurance</i>	<p>Law defines low-dose mammography.</p> <p>Equipment must be dedicated specifically for mammography with a radiation exposure diagnostically valuable and in keeping with the recommended "Average Patient Exposure Guides" published by the Conference of Radiation Control Program Directors, Inc.</p>	
<i>Effective Date</i>	January 1, 1989.	

**New
Hampshire**

**N.H. REV. STAT. ANN. §§ 415:18-C, 419:5-C, 420:5-C,
420-A:7E, 420-B:27, 420-B:8E**

Scope

Reimbursement for Bone Marrow Transplant for Breast Cancer

*Policies
and Limits*

Law requires insurers to provide coverage for the treatment of breast cancer by autologous bone marrow transplants according to protocols approved by the National Cancer Institute.

Law applies to group or blanket accident and health insurance policies, hospital service corporations; medical service corporations; non-profit health service corporations; and health maintenance organizations.

Effective Date

January 1, 1993; amended 1997.

New Jersey**N.J. STAT. § 17B:26-2.1e***Scope*

Reimbursement for Breast Cancer Screening

*Woman's Age,
Frequency
of Mammogram*

35-39

Baseline

40-49

Every two years (or more frequently upon physician's recommendation)

50+

Each year

*Policies
and Limits*

Law provides that no individual health insurance policies providing hospital or medical expense benefits shall be delivered, issued, executed, or renewed in the state unless they provide mammography to all covered women as specified above.

Law requires that coverage for mammography shall be provided to the same extent as for any other sickness under the policy.

Quality Assurance

Not specified.

Effective Date

1991.

New Jersey**N.J. STAT. ANN. §§ 26:2-168, 45:9-22.3a, 45:9-22.3b***Scope*

Breast Cancer Screening and Education Programs

*Policies
and Limits*

Law directs that the New Jersey Department of Health, in consultation with the New Jersey Division of the American Cancer Society, the Radiological Society of New Jersey, and the New Jersey Chapter of the American College of Obstetricians and Gynecologists, prepare an information booklet in English and Spanish on breast cancer prevention, detection, and treatment. The booklet must describe, in a manner easily understandable by the patient; recognized dietary and lifestyle implications for breast cancer prevention; advantages and methods of early detection; and the risks and procedures involved with alternative treatment methods.

The Department shall make the booklets available to all licensed health care facilities engaged in breast cancer diagnosis and treatment, facilities providing mammography services, physicians engaged in breast cancer diagnosis and treatment, and social service agencies that primarily serve women.

Attending physicians shall give a copy of the booklet to all patients who are referred for a routine mammogram or who are under the physician's care for treatment of breast cancer.

Effective Date

November 4, 1993.

New Jersey

**N.J. STAT. ANN. §§ 17:27-46.1, 17:48-6B, 17-48A-7B,
17B:26-2.1A, 17:48E-35, 26:2J-4.14**

Scope

Reimbursement for Breast Reconstruction and Prosthesis/Reimbursement for Chemotherapy

*Policies
and Limits*

Law requires that health insurers provide benefits for reconstructive breast surgery including the cost of prostheses. Benefits include coverage for reconstructive surgery as well as surgery to restore symmetry between the breasts. Contracts providing outpatient X-ray or radiation therapy must also provide benefits for outpatient chemotherapy following surgical procedures for breast cancer.

Law applies to hospital service corporations, health maintenance organizations, medical service corporations, and group and blanket insurance policies.

Law applies to all contracts in which the insurer has reserved the right to change the premium.

Benefits shall be provided to the same extent as for any other sickness under the contract.

Effective Date

1983 enactment; amended 1997.

New Jersey

**N.J. STAT. §§ 17:48-6Q, 17B:27A-19.4, 17:48A-7O,
17: 48E-35.14, 17B:26-2.1M, 17B:27-46.1P,
17B:27A-7.2, 26:2J-4.15, 34:13A-30, 52:14-17.29B**

Scope

Reimbursement for Inpatient Stay Following a Mastectomy

*Policies
and Limits*

Law requires insurers to provide coverage for a minimum of 72 hours of inpatient hospital care following a modified radical mastectomy and a minimum of 48 hours of inpatient care following a simple mastectomy. Contracts shall not require health care providers to obtain prior authorization for prescribing the lengths of stay required by this law as appropriate.

Law requires benefits for inpatient stay following a mastectomy to be provided to the same extent that coverage for other sicknesses is provided under the same contract.

Law is not meant to construe that patients are required to receive inpatient care for 72 or 48 hours if the patient determines that length of time is not necessary upon consultation with their physician. Law does not relieve patients and physicians of notification requirements mandated under contracts.

Law applies to hospital service, medical service, and health service corporations; hospital and medical insurance policies; small employers and individual health benefits plans; and other specified enrollee agreements. In addition, the law directs the State Health Benefits Commission to ensure that every hospital and medical expense benefit plan purchased by the Commission provides the above specified coverage (this provision is effective May 8, 1997).

Law requires State employers covering employees or their family members for the treatment of breast cancer to notify employees as to whether their coverage is subject to the provisions of this law. In addition, the attending physicians of insured patients who will undergo mastectomies or lymph node dissections shall determine if they will be covered under the provisions of the law, and shall notify patients of their findings.

Effective Date

June 30, 1997.

New Jersey**N.J. STAT. ANN. §§ 54A:9-25.7, 54A:9-25.8***Scope*

Income Tax Checkoff for Breast Cancer Research

*Policies
and Limits*

Law directs that, beginning in 1996, State income tax returns contain a checkoff allowing taxpayers to contribute \$5, \$10, or other amounts to the New Jersey Breast Cancer Research Fund. The taxpayer can enclose the contribution or direct that it be deducted from his or her tax refund.

Net contributions shall annually be appropriated to the New Jersey State Commission on Cancer Research. The Commission shall solicit, receive, evaluate, and approve applications for grants from the New Jersey Breast Cancer Research Fund. Qualified applicants include academic medical institutions, State or local government agencies, public or private organizations within New Jersey, and any other institution approved by the Commission. Grants must be used for scientific research projects that focus on the causes, prevention, screening, treatment, or cure of breast cancer.

Effective Date

January 26, 1995.

New Mexico**N.M. STAT. ANN. §§ 59A-22-39, 59A-23-4,
59A-23B-3, 59A-46-41***Scope*

Reimbursement for Breast Cancer Screening

*Woman's Age,
Frequency
of Mammogram*

35-39	Baseline
40-49	Every two years
50+	Each year

*Policies
and Limits*

Law requires that insurance policies provide coverage for low-dose screening mammograms for determining the presence of breast cancer.

Law requires that coverage for mammography shall be subject to the same deductible and co-insurance requirements as those imposed on other benefits under the same plan.

Law applies to individual and group health insurance policies, health care plans, certificates of health insurance, and health maintenance organization contracts.

Law does not apply to insurance plans offered outside the authority of the Minimum Healthcare Protection Act.

Quality Assurance

Coverage shall be available only for screening mammograms obtained on equipment designed specifically to perform low-dose mammography in imaging facilities that have met American College of Radiology accreditation standards for mammography.

Effective Date

July 1, 1990; amended 1997.

New Mexico

N.M. STAT. ANN. § 27-2-012.8

Scope

Quality Assurance/Reimbursement of Breast Cancer Screening
for Medicaid Recipients

*Policies
and Limits*

Law creates a new section of the Public Assistance Act that shall require the Department of Health to ensure that Medicaid patients will not be routinely solicited for mammograms and that mammograms they receive will be performed based on nationally recognized standards.

Law mandates that any fee for services made on behalf of the Medicaid program for a mammogram received by a Medicaid recipient shall be consistent with the usual and customary charge that reflects the fair market value of the cost of a mammogram.

Effective Date

June 20, 1997.

New Mexico

N.M. STAT. ANN. §§ 59A-22-39.1, 59A-46-41.1

Scope

Reimbursement for Length of Stay Following Mastectomy

*Policies
and Limits*

Law requires all health insurance, health care plans, and health maintenance organizations to provide coverage for a minimum hospital stay of 48 hours following a mastectomy and no less than 24 hours following a lymph node dissection.

This law should not be construed to require a minimum length of stay when the physician and the patient determine that a shorter stay is appropriate.

Coverage under these provisions may be subject to deductibles and coinsurance consistent with those imposed on other benefits under the same plan or policy.

Effective Date

June 20, 1997.

New York**N.Y. PUB. HEALTH LAW §§ 2405 to 2408***Scope*

Breast Cancer Screening and Education Programs

*Policies
and Limits*

Law establishes the Breast Cancer Detection and Education Program. The program is established to promote screening and detection of breast cancer among unserved or underserved populations, to educate the public regarding breast cancer and the benefits of early detection, and to provide counseling and referral services.

Law directs the Commissioner of Health, in consultation with the Breast Cancer Detection and Education Program Advisory Council, to make grants to approved organizations for the provision of services relating to the screening and detection of breast cancer.

Effective Date

July 10, 1989

New York**1998 N.Y. ASSEMBLY BILL 7949***Scope*

Breast Cancer Education Programs

*Policies
and Limits*

Law requires schools as an integral part of health education to include instruction for students on prevention and detection of certain cancers, including breast cancer.

Effective Date

July 1, 1999.

New York**N.Y. PUB. HEALTH LAW § 2404 (1-a)***Scope*

Alternative Breast Cancer Therapies

*Policies
and Limits*

Law directs the Commissioner of Health to develop a standardized written summary, in plain non-technical language, that shall explain the alternative medically viable methods of treating breast cancer; including, but not limited to hormonal, radiological, chemotherapeutic or surgical treatments.

The summary shall also include information on breast reconstructive surgery; including but not limited to, the use of breast implants, their side effects, risks, and other pertinent information.

The summary shall also include an explanation of the special provisions relating to mastectomy; lymph node dissection, or lumpectomy, breast reconstructive surgery (see Reimbursement for Reconstruction, below); and second-opinion coverage under the insurance law. It shall also suggest that patients check with their health plans for details of this coverage.

The summary shall be provided by physicians to each patient under their care who has been diagnosed with breast cancer. The summary shall be updated as necessary.

Effective Date

January 1, 1998.

New York**N.Y. INS. LAW § 4303(p); 1998 N.Y. SENATE BILL 7347***Scope*

Reimbursement for Breast Cancer Screening

*Woman's Age,
Frequency
of Mammogram*

35-39	Baseline
40-49	Every two years, or more frequently upon physician's recommendation
50+	Each year
Any age	Upon physician's recommendation for persons having a prior history of breast cancer or whose mother or sister has a prior history of breast cancer.

In no event shall coverage under this law include more than one annual screening.

*Policies
and Limits*

Law requires that insurers providing coverage for hospital, medical, or surgical care cover mammography screening for the presence of occult breast cancer.

Law applies to medical expense indemnity corporations, hospital service corporations, and health service corporations.

Coverage may be subject to annual deductibles and coinsurance consistent with those established for other benefits.

Quality Assurance

Law defines mammography screening.

Examination must use dedicated equipment.

Effective Date

January 1, 1990.

New York**N.Y. INS. LAW § 3224***Scope*

Restrictions on Denial of Insurance Coverage for Breast Cancer Survivors

*Policies
and Limits*

Law states that no insurer shall refuse to issue any policy of life or non-cancelable disability insurance, or cancel or decline to renew such policy because an individual has had breast cancer.

Law only applies if the initial diagnosis of breast cancer has occurred at least three years before the date of application and a physician has certified that the disease has not recurred.

Law does not preclude the establishment of selection criteria based on sound underwriting and actuarial principles reasonably related to actual or anticipated loss experience.

Effective Date

January 1, 1994.

New York

**N.Y. PUB. HEALTH LAW §§ 2407, 2409;
N.Y. FINANCE LAW § 95-a**

Scope

Awards Program for Breast Cancer Early Detection and Research

*Policies
and Limits*

Law establishes the New York State Innovation in Breast Cancer Early Detection and Research Awards Program. The program is created to recognize, reward, and promote innovation in breast cancer prevention, early detection, and research.

The program shall be administered by the Breast Cancer Detection and Education Program Advisory Council. The Council shall establish eligibility, nomination, and award criteria and procedures.

Awards shall be given annually to health professionals, consumers, nonprofit organizations, or other candidates who, according to the Council, best meet the criteria for receiving awards. All awards must be used by the awardee or their designee for breast cancer prevention, early detection, or research.

Awards shall be provided from moneys in the New York State Innovation in Breast Cancer Early Detection and Research Awards Program Fund. The Fund shall consist of moneys appropriated by the State and any grants, gifts, or bequests made to the Council.

Effective Date

July 26, 1995.

New York

**N.Y. PUB. HEALTH LAW §§ 2410 to 2413;
N.Y. TAX LAW §§ 209-D, 627;
N.Y. FINANCE LAW § 97-yy**

Scope

Income Tax Checkoff for Breast Cancer Research

*Policies
and Limits*

Law permits taxpayers to contribute to the Breast Cancer Research and Education Fund beginning in 1996. Taxpayers can specify any whole dollar contribution on personal or corporate income tax returns. Contributions do not reduce the amount of State tax owed by taxpayers.

In addition to taxpayer contributions, the Breast Cancer Research and Education Fund may receive appropriations, grants, gifts, or bequests. Moneys from the Fund can be used only for breast cancer research and education projects approved by the Department of Health.

Law establishes the Health Research Science Board within the Department of Health. The Board shall solicit and review applications for grants from the Breast Cancer Research and Education Fund. Applications may be submitted by public and private agencies and organizations. The Board shall make recommendations to the Commissioner of Health, who shall approve applications from among those recommended by the Board. The Board shall also identify data collected by State agencies that might be of use to breast cancer researchers, and shall consult with Federal agencies and other organizations involved in cancer research to identify current and potential breast cancer research projects.

Effective Date

Ninety days from July 8, 1996.

New York

**N.Y. INS. LAW §§ 3216(I), 3221(k), 4303(v,w);
N.Y. PUB. HEALTH LAW § 2404(1-a)**

Scope

Reimbursement for Inpatient Care Following Treatment for Breast Cancer

*Policies
and Limits*

Law requires that insurers who provide coverage for inpatient hospital care following a mastectomy, lymph node dissection, or lumpectomy, provide this coverage for a period of time determined medically appropriate by the attending physician in consultation with the patient.

The coverage may be subject to annual deductibles and coinsurance deemed appropriate by the Superintendent of Insurance as they are consistent with deductible and coinsurance levels for other benefits within a given policy.

Law prohibits insurers from: providing incentives for covered individuals to accept coverage less than that described above; reducing compensation or otherwise penalizing a health care practitioner for recommending the above care to a patient; providing incentives for a health care practitioner to provide care to a patient that is inconsistent with the above guidelines; or restricting coverage for any portion of a hospital stay in a manner that is inconsistent with the coverage provided for any preceding portion of the stay.

In addition, physicians are required to provide information about special coverage provisions for mastectomy, lymph node dissection, lumpectomy, and breast reconstructive surgery coverage to patients, and to suggest that patients undergoing these procedures check with their health plans and/or insurance policies for exact details about the coverage to which they are entitled.

Effective Date

January 1, 1998.

New York

**N.Y. INS. LAW §§ 3216(I), 3221(k), 4303(x)6 (I);
N.Y. PUB. HEALTH LAW § 2404(1-a)**

Scope

Reimbursement for Breast Reconstruction

*Policies
and Limits*

Law requires that insurers provide coverage for all stages of reconstruction of the removed breast following mastectomy, as well as surgery and reconstruction of the other breast to produce a symmetrical appearance in the manner deemed appropriate by the physician in consultation with the patient.

Coverage for breast reconstruction shall be subject to annual deductibles and coinsurance deemed appropriate by the Superintendent of Insurance, and as consistent with deductible and coinsurance levels established for other benefits under the same policy. Insurance plans shall provide written notice of the availability of such coverage prior to enacting the policy and annually thereafter.

Law prohibits insurers providing coverage under this section from denying the eligibility of covered persons from enrolling in or renewing their coverage under the terms of the policy for the purpose of avoiding compliance with these provisions; providing incentives to encourage covered persons to accept less than the minimum coverage in these provisions; penalizing health care practitioners for providing care consistent with these provisions; and providing incentives for health care practitioners to provided care in a manner inconsistent with these provisions.

Law applies to all group, blanket, or other policies providing medical, major medical, or similar comprehensive coverage; all contracts issued by medical indemnity corporations providing coverage for surgical or medical care; and contracts issued by medical expense indemnity, health service, or hospital service corporations.

Effective Date

January 1, 1998.

North Carolina **N.C. GEN. STAT. §§ 58-51-57, 58-65-92, 58-67-76, 58-50-155**

<i>Scope</i>	Reimbursement for Breast Cancer Screening	
<i>Woman's Age, Frequency of Mammogram</i>	35-39	Baseline
	40-49	Every two years, or more frequently upon physician's recommendation
	50+	Each year
	Any age	One or more mammograms a year, upon physician's recommendation for any woman who is at risk for breast cancer (having a personal history of breast cancer; having a personal history of biopsy-proven benign breast disease; whose mother, sister, or daughter has or has had breast cancer; or has not given birth before age 30).
<i>Policies and Limits</i>	Law requires that insurers provide coverage for low-dose screening mammography.	
	Law applies to accident or health insurance policies or contracts; preferred provider contracts; hospital service plan or medical service plan certificates or contracts; and health maintenance organization plans.	
	The same deductibles, coinsurance, and other limitations as apply to similar services covered under the policy, contract, or plan apply.	
<i>Quality Assurance</i>	Law defines low-dose mammography screening.	
	Screening must use equipment dedicated specifically for mammography.	
	Screening includes a physician's interpretation of the results of the procedures.	
<i>Effective Date</i>	January 1, 1992.	

North Carolina N.C. GEN. STAT. §§ 135-40.5, 135-40.6(8)s

Scope Reimbursement for Breast Cancer Screening for Public Employees

<i>Woman's Age,</i>	-40	Every three years
<i>Frequency</i>		
<i>of Mammogram</i>	40-49	Every two years
	50+	Each year

Policies and Limits Law requires that the State employee health benefit plan pay 100 percent of allowable charges for clinical breast examinations and mammograms (and other routine diagnostic examinations, up to a maximum of \$150 per fiscal year per covered individual). The schedule shown above applies unless more frequent examinations are warranted by a medical condition and the additional examinations are performed in a medically supervised facility.

Examinations are not covered when they are incurred to obtain or continue employment, to secure insurance coverage, to comply with legal proceedings, to attend schools or camps, to meet travel requirements, to participate in athletic and related activities, or to comply with governmental licensing requirements.

Effective Date July 1, 1995.

North Carolina N.C. GEN. STAT. §§ 53-3-171.1

Scope Reimbursement for Inpatient Care Following Mastectomy

*Policies
and Limits* Law requires health benefit plans providing coverage for mastectomy to ensure that decisions about whether to discharge a patient following this procedure are made by the attending physician in consultation with the patient, and that the decision is based on the unique characteristics and medical history of the patient.

Quality Assurance Law defines mastectomy.

Effective Date August 28, 1997.

North Carolina **N.C. GEN. STAT. §§ 58-51-62, 58-65-96,
58-67-79, 58-50-155, 135-40.6(5)**

Scope Reimbursement for Breast Reconstruction

*Policies
and Limits* Law requires that insurers who cover mastectomy also provide coverage for all stages of reconstruction on the removed breast following mastectomy, as well as surgery and reconstruction of the other breast to produce a symmetrical appearance.

The same deductibles, coinsurance, and other limitations that apply to similar services under the policy shall apply to coverage for the reconstructive breast surgery. Reconstruction of the nipple/areolar complex following mastectomy is to be covered without regard to the lapse of time between the mastectomy and the reconstruction subject to the physician's approval.

Law prohibits insurers providing coverage under this section from denying coverage on the basis that coverage is for cosmetic surgery; denying a woman's from enrolling in or renewing their coverage under the terms of the policy for the purpose of avoiding compliance with these provisions; providing incentives to encourage covered persons to accept less than the minimum coverage in these provisions; penalizing health care practitioners for providing care consistent with these provisions; and providing incentives for health care practitioners to provide care in a manner inconsistent with these provisions.

Law applies to all health and accident insurance policies; hospital or medical service plans; health maintenance organizations; and the Teachers' and State Employees' Comprehensive Major Medical Plan.

Law does not apply to specified accident, specified disease, hospital indemnity, or long-term care health insurance policies.

Quality Assurance Law defines mastectomy and reconstructive breast surgery.

Effective Date July 17, 1997.

North Dakota N.D. CEN. CODE § 26.1-36-09.1

Scope Reimbursement for Breast Cancer Screening

<i>Woman's Age, Frequency of Mammogram</i>	35-39	Baseline
	40-49	Every two years, or more frequently upon physician's order
	50+	Each year

*Policies
and Limits* Law requires that insurers provide mammogram examination coverage.

 Law applies to insurance companies, nonprofit health service corporations,
 and health maintenance organizations.

 Law does not apply to individually guaranteed renewable supplemental,
 specified disease, long-term care, or other limited benefit policies.

Quality Assurance Not indicated.

Effective Date July 1, 1989.

Ohio	OHIO REV. CODE ANN. §§ 1742.40, 1751.62, 3923.52 to 3923.54, 5111.024	
<i>Scope</i>	Reimbursement for Breast Cancer Screening	
<i>Woman's Age, Frequency of Mammogram</i>	35-39	Baseline
	40-49	Every two years, but every year if physician determines that the women has risk factors for breast cancer
	50-64	Each year
<i>Policies and Limits</i>	<p>Law requires that insurers provide benefits for screening mammography to detect the presence of breast cancer in adult women.</p> <p>Law applies to individual and group health maintenance organization contracts, individual or group sickness and accident insurance policies, public employee benefit plans, employer health care plans, and medical assistance programs.</p> <p>Benefits need not exceed \$85 per year.</p> <p>Benefit paid under this law constitutes full payment. Law prohibits any further compensation to the provider.</p>	
<i>Quality Assurance</i>	<p>Law defines screening mammography to include the professional interpretation of the film, and to exclude diagnostic mammography.</p> <p>Examination must use equipment dedicated specifically for mammography.</p> <p>Facility must be accredited under the American College of Radiology Mammography Accreditation Program.</p>	
<i>Effective Date</i>	July 1, 1992.	

Oklahoma

OKLA. STAT. ANN. 74 §§ 5060.9a-1, 5060.9b, 5060.9c, 5060.9d, 5060.9e, 5060.14A

Scope

Breast Cancer Screening and Education Programs/Income Tax Checkoff for Breast Cancer Screening and Research

Policies and Limits

Law creates the Oklahoma Breast Cancer Prevention and Treatment Advisory Committee within the Oklahoma Center for the Advancement of Science and Technology. The Committee shall advise the Center on contracting for statewide breast cancer screening and education services. These services shall include mammography screening, referral for definitive diagnosis, education and training programs for health care professionals, annual public education awareness campaigns, epidemiological trend studies, and outreach to uninsured and underinsured groups.

Each year, the Committee shall report to the Governor and the Legislature on the breast cancer screening and education services.

Law establishes the Breast Cancer Act Revolving Fund. Checkoffs are created on individual and corporate State income tax returns permitting taxpayers to contribute amounts from their tax refunds to the Fund. Moneys in the Fund may be used for the statewide breast cancer screening and education services, or transferred to the Research Support Revolving Fund to support breast cancer research. Moneys may also be expended for promotional activities to encourage donations to the Fund.

Payments for breast cancer screening shall be at the accepted Medicare/Medicaid rate and a sliding fee schedule shall be employed to encourage self-responsibility.

Mammography screening shall be provided by facilities accredited by national organizations that have formed coalitions to issue national cancer screening guidelines.

Effective Date

July 1, 1994; amended November 1, 1995, and May 7, 1996.

Oklahoma**OKLA. STAT. ANN. 36 § 6060***Scope*

Reimbursement for Breast Cancer Screening

*Woman's Age,
Frequency
of Mammogram*

35-39 Baseline

40+ Each year

[Prior law, effective November 1, 1988, required mammography coverage for women age 45 and older]

*Policies
and Limits*

Law requires that individual and group health insurance policies providing coverage on an expense-incurred basis and all individual and group service or indemnity type contracts issued by nonprofit corporations and self-insurers include coverage for low-dose mammography for the presence of occult breast cancer.

Law does not apply to policies that provide specified disease or other limited benefit coverage.

Law limits reimbursement to \$75.

Quality Assurance

Law defines low-dose mammography.

Examination must use equipment dedicated specifically for mammography.

Effective Date

November 1, 1989.

Oklahoma**OKLA. STAT. ANN. 36 § 6060.5***Scope*

Reimbursement for Inpatient Care Following Mastectomy

*Policies and
Limits*

Law establishes the Oklahoma Breast Cancer Patient Protection Act. It requires that all health benefit plans that provide medical or surgical benefits with respect to breast cancer or other breast conditions shall ensure that coverage is provided for not less than 48 hours following a mastectomy and for not less than 24 hours following a lymph node dissection.

Law should not be construed as requiring a minimum length of stay if the physician, in consultation with the patient, has determined a shorter length of stay to be appropriate. The insurer may not modify the terms of coverage based on the determination by an enrollee to request less than the minimum coverage as described above.

Law requires health benefit plans to notify all enrollees of the coverage provided in this law no later than December 1, 1997.

Effective Date

November 1, 1997.

Oklahoma**OKLA. STAT. ANN. 36 § 6060.5***Scope*

Reimbursement for Breast Reconstruction and Prosthesis

*Policies
and Limits*

Law establishes the Oklahoma Breast Cancer Patient Protection Act. It requires that all health benefit plans that provide medical or surgical benefits with respect to breast cancer or other breast conditions shall provide coverage for reconstructive breast surgery following a mastectomy. This surgery shall include reconstruction of the diseased breast as well as reconstructive surgery performed on the non-diseased breast to achieve symmetry. Coverage is contingent upon the surgery on the non-diseased breast being performed within 24 months of surgery on the diseased breast.

The insurer may not modify the terms of coverage based on the determination by an enrollee to request less than the minimum coverage described above.

Law requires health benefit plans to notify all enrollees of the coverage provided in this law no later than December 1, 1997.

Effective Date

November 1, 1997.

Oklahoma**OKLA. STAT. ANN. 47 § 1136***Scope*

Special License Plates Supporting Breast Cancer Screening and Research

*Policies
and Limits*

Law authorizes the Oklahoma Tax Commission to design and issue special motor vehicle license plates recognizing a variety of groups and causes. Among the special plates authorized is one bearing the legend "Fight Breast Cancer."

This plate can be obtained for \$25 to demonstrate support for the prevention and treatment of breast cancer in Oklahoma. The Breast Cancer Act Revolving Fund (see Breast Cancer Screening and Education Programs, above) shall receive \$20 from each plate sold; the Fund supports breast cancer screening, education, and research programs.

Effective Date

November 1, 1996.

Oklahoma**OKLA. STAT. ANN. 63 § 1-743***Scope*

Advertising of Mammography Services

*Policies
and Limits*

Law requires that advertising for mammography services include the total cost of the procedure.

Effective Date

September 1, 1993.

Pennsylvania **PA. STAT. ANN. 40 § 764c**

Scope Reimbursement for Breast Cancer Screening

<i>Woman's Age, Frequency of Mammogram</i>	-40	Upon physician's recommendation
	40+	Each year

[Prior law, effective July 7, 1989, required mammography coverage for women aged 50 and older]

*Policies
and Limits* Law requires that insurers provide coverage for mammographic examinations.

Law applies to group or individual health or sickness or accident policies providing hospital or medical/surgical coverage; hospital plan corporation and professional health service plan corporation group or individual subscriber contracts or certificates; health maintenance organizations; fraternal benefit societies; and ERISA employee welfare benefit plans.

Law does not require an insurer to cover mastectomies and does not prevent the application of deductible or copayment provisions contained in the policy or plan.

Quality Assurance Prior to payment, insurers shall verify that the screening mammography service provider is properly licensed under the Mammography Quality Assurance Act.*

Effective Date Sixty days after December 15, 1992.

NOTE: 1994 Laws, Act 20, the Women's Preventative Health Services Act, effective 60 days after April 22, 1994, requires that health insurance policies include coverage for annual clinical breast examinations. The law provides for the repeal of all previous acts inconsistent with the 1994 enactment.

* PA. STAT. ANN. 35 §§ 5651 et seq., see page 154.

Pennsylvania**1997 PA. ALS 51; 1997 PA. SB 176**

<i>Scope</i>	Reimbursement for Treatment Following Mastectomy/Reimbursement for Breast Reconstruction and Prosthesis
<i>Policies and Limits</i>	<p>Law amends the Insurance Company Law of 1921 (P.L. 682, No. 284) to require health insurance policies to provide coverage of inpatient care following a mastectomy for the length of stay deemed necessary by the physician for meeting the criteria for a safe discharge.</p> <p>Law also provides for a home health care visit that the physician deems necessary within 48 hours after hospital discharge when the discharge occurs within 48 hours following hospital admission for the procedure.</p> <p>Law requires policies that cover mastectomy to also provide coverage for prosthetic devices and reconstructive surgery incident to the mastectomy.</p> <p>Coverage under this section shall be subject to all policy copayment, coinsurance, and deductible amounts. Coverage for services incident to mastectomy may be limited to procedures performed within six years of the date of the mastectomy.</p> <p>Law does not apply to policies limited to accident only, credit, dental, specified disease, or other limited benefit plans.</p>
<i>Quality Assurance</i>	Law defines mastectomy, prosthetic devices, reconstructive surgery, and symmetry between breasts.
<i>Effective Date</i>	January 1, 1998.

Pennsylvania**PA. STAT. ANN. 35 §§ 5651 to 5664***Scope*

Accreditation of Facilities

*Policies
and Limits*

Law requires that a radiation machine used for mammography have authorization from the Pennsylvania Department of Health. Licenses to operate radiation machines are effective for three years and are based on meeting the following criteria:

The radiation machine meets the criteria established by regulations issued under the Omnibus Budget Reconciliation Act of 1990 (OBRA).

The radiation machine is specifically designed for mammography.

The provider of mammography screening, in accordance with criteria established by regulations issued under OBRA, establishes a quality control program, including inspections by a qualified radiation physicist and retains and makes available to patients the original mammograms.

A radiation technologist who meets criteria established by regulations issued under OBRA operates the radiation machine.

The interpreting physician meets the criteria established by regulations issued under OBRA.

The law provides for application procedures, initial and annual inspections by the Department, suspensions or revocations, nonrenewals, provider violations, fees, and regulations.

Effective Date

Sixty days from July 9, 1992.

Pennsylvania

PA. STAT. ANN. 35 §§ 5641, 5642

Scope

Alternative Therapies/Informed Consent for Treatment of Breast Cancer

*Policies and
Limits*

Law requires the execution of a consent form before a physician operates on a patient for a breast tumor. Failure to comply with this law subjects the physician to civil liability in addition to disciplinary action under the appropriate licensing act.

The consent form must include the following:

"CONSENT FOR TREATMENT OF BREAST DISEASE"

Sign option (a) or option (b), or option (a) and option (b).

(a)Breast Biopsy

Side (right or left)

.....

Patient's Signature

(b) If it is determined that I have a malignant tumor in my breast or other breast abnormality requiring surgery, then I authorize Dr..... to perform such operations or procedures, including breast removal, which are deemed necessary. I have been informed of the current medically accepted alternatives to radical mastectomy.

Procedure:

.....

.....

Patient's Signature

Effective Date

Sixty days from December 18, 1984.

Pennsylvania 1997 PA. ALS 7; 1997 PA. HB 134

Scope Income Tax Checkoff for Breast Cancer Research

*Policies and
Limits* Law creates an income tax checkoff to allow a contribution to breast cancer research. Directs the Department of Revenue to create the space for this checkoff and to provide adequate instructions within the tax form to include information about the use of the funds. Law directs the Department of Health to conduct a public information campaign to make taxpayers aware of the opportunity to contribute in this manner.

Funds will go to the Pennsylvania Cancer Control, Prevention, and Research Advisory Board within the Department of Health.

Effective Date Enacted upon passage, May 7, 1997.

Rhode Island **R.I. GEN. LAWS ANN. §§ 27-18-41 to 27-18-42, 27-19-20, 27-20-17, 27-41-31, 42-62-26**

Scope Reimbursement for Breast Cancer Screening

*Woman's Age,
Frequency
of Mammogram* Not stipulated.

*Policies
and Limits* Law requires insurance coverage for mammograms in accordance with American Cancer Society guidelines.

Law applies to insurers, nonprofit hospital service plans, nonprofit medical service plans, and health maintenance organizations.

Law does not apply to insurance companies providing benefits for hospital confinement indemnity; disability income; accident only; long-term care; Medicare supplement; limited benefit health; specified disease indemnity; sickness or bodily injury or death by accident or both; and other limited benefit policies.

Quality Assurance Mammograms will be eligible for reimbursement only if the facility in which the mammogram is performed and processed and the physician interpreting the mammogram meet State-approved quality assurance standards.

Effective Date September 1, 1988; amended 1997.

Rhode Island **R.I. GEN. LAWS ANN. §§ 27-18-39, 27-19-34, 27-20-21, 27-20-29, 27-41-43**

Scope Reimbursement for Breast Reconstruction and Prosthesis

Policies and Limits Law requires insurers to cover prosthetic devices and/or reconstructive surgery incident to a mastectomy, but does not require coverage of mastectomies. The reconstructive surgery must be performed within 18 months of the mastectomy.

Law applies to individual and group accident and sickness insurance policies; individual and group contracts, plans, or policies issued by nonprofit hospital or medical service corporations; and health maintenance organizations. To be subject to the law, however, such policies must cover physician services delivered in a physician's office or provide major medical or similar comprehensive coverage. Policies that only cover specified diseases and other supplemental policies are exempt.

The mandated coverage shall be subject to the deductible and coinsurance conditions applied to the mastectomy as well as to all other terms and conditions of the policy. Managed care and medical necessity reviews by an insurer are allowed.

Quality Assurance Law defines prosthetic devices and mastectomy.

Effective Date January 1, 1997.

Rhode Island **R.I. GEN. LAWS ANN. §§ 5-37-31, 23-17-32, 27-19-21,
27-20-18, 27-41-30, 42-62-27**

Scope Accreditation of Facilities

*Policies
and Limits* Law requires that any licensed facility performing a mammogram meet
State-approved quality assurance standards for taking and processing
mammograms.

Any licensed physician interpreting a mammogram shall meet
State-approved quality assurance standards.

The law authorizes the Rhode Island Director of Health to issue necessary
rules and regulations.

Effective Date September 1, 1989.

Rhode Island R.I. GEN. LAWS ANN. § 23-67-2

Scope Fund for Breast Cancer Research and Treatment

*Policies
and Limits* Law establishes the Rhode Island Research and Treatment Fund for Breast and Cervical Cancer. The General Treasurer is authorized to accept any grant, devise, bequest, donation, gift, services in kind, or assignment of money, bonds, or other valuable securities for deposit in the Fund.

Annually, by September 30, the State shall equally distribute the moneys in the Fund to all organizations that have been certified by the Department of Health for the funding year. All funds distributed must be used for research on the prevention of breast or cervical cancer, or for the diagnosis and treatment of breast and cervical cancers among uninsured or underinsured women. The funds shall be supplemental to all other moneys available for these purposes.

Eligible organizations that seek to qualify for funds must submit an application to the Department of Health not later than July 15 of each year.

Effective Date June 30, 1995; reenacted and recodified 1997.

Rhode Island **R.I. GEN. LAWS ANN. §§ 27-18-40, 27-19-34.1, 27-20-29.1, 27-41-43.1**

Scope Reimbursement for Inpatient Care Following Mastectomy

Policies and Limits Law requires insurers to cover a minimum 48-hour inpatient stay in a hospital following mastectomy and a minimum 24-hour stay after an axillary node dissection. Any decision to shorten these minimum coverages shall be made by the attending physician in consultation with the patient. If a shorter stay is authorized, insurers shall cover a minimum of one home visit conducted by a physician or registered nurse.

Law provides penalties for plans that do not cover the benefits outlined above, and no plan may terminate the services, reduce capitated payment, or otherwise penalize an attending physician or other health care provider who orders care consistent with these benefits. In addition, it requires plans to provide notice of these benefits to enrollees.

Law does not apply to hospital confinement indemnity, accident only, long- term care, and other supplemental plans providing limited benefits. The mandated coverage shall be subject to the deductible and coinsurance conditions applied to the mastectomy as well as to all other terms and conditions of the policy.

Effective Date Upon passage, June 10, 1997.

South Carolina 1998 S.C. House Bill 3985

Scope Reimbursement for Breast Cancer Screening

<i>Woman's Age, Frequency of Mammogram</i>	35-39	Baseline
	40-49	Every two years
	50+	Each year

Policies and Limits Part of the Omnibus Health Benefits and Education Act of 1998, amending the Code of Laws of South Carolina, 1976. Requires that all individual and group insurance policies and health maintenance organizations in the State provide coverage for mammogram (in addition to annual Pap smears and prostate cancer screening at specified intervals).

Coverage may not contain any exclusions, reductions, or other limitations as to coverages, deductibles, or coinsurance provisions that apply to that coverage, unless these provisions apply generally to other similar benefits provided and paid for under the health insurance policy.

Nothing in this section prohibits a health insurance policy from providing benefits greater than those required to be offered or more favorable to the enrollee than those required.

Applies to individual and group health insurance policies issued by a fraternal benefit society, an insurer, a health maintenance organization, or any similar entity, except as exempted by ERISA.

Quality Assurance Screening must be performed in accordance with the most recent published guidelines of the American Cancer Society, and performed as a result of a physician referral or by a health testing service which utilizes radiological equipment approved by the Department of Health and Environmental Control.

Defines mammogram and health insurance policy.

Effective Date Upon approval by the Governor; June 8, 1998.

South Carolina 1998 S.C. House Bill 3985

Scope Reimbursement for Inpatient Stay Following Mastectomy

*Policies
and Limits* Part of the Omnibus Health Benefits and Education Act of 1998,
amending the Code of Laws of South Carolina, 1976. Requires that all
individual and group insurance policies and health maintenance
organizations providing coverage for the hospitalization for mastectomies
must provide benefits for hospitalization for at least 48 hours following a
mastectomy.

Law should not be construed to prohibit an attending physician from
releasing a patient prior to 48 hours following the mastectomy. In the
case of an early release, coverage shall include at least one home care
visit if ordered by the attending physician.

Applies to insurance policies issued, delivered, issued for delivery, or
renewed in the State on or after January 1, 1999.

Effective Date Upon approval by the Governor; June 8, 1998.

South Carolina 1998 S.C. House Bill 3985

Scope Reimbursement for Breast Reconstruction and Prosthesis

*Policies
and Limits* Part of the Omnibus Health Benefits and Education Act of 1998,
amending the Code of Laws of South Carolina, 1976. Requires all
individual and group insurance policies and health maintenance
organizations providing coverage for the hospitalization for mastectomies
to provide coverage for prosthetic devices and reconstruction of the breast
on which surgery was performed, and surgery and reconstruction of the
non-diseased breast, if determined medically-necessary by the patient's
attending physician with the approval of the insurer or health maintenance
organization.

Law applies to insurance policies issued, delivered, issued for delivery, or
renewed in the State on or after January 1, 1999. Does not apply to
supplemental health insurance policies.

Effective Date Upon approval by the Governor; June 8, 1998.

South Dakota S.D. CODIFIED LAWS ANN. §§ 34-24C-1 to 34-24C-4

Scope Breast Cancer Screening and Education Programs

*Policies and
Limits* Law states that the South Dakota Department of Health may establish a
program to provide education to the public on mammograms.

The Department may establish a program to provide money to medical
institutions for mammograms. The grant program shall subsidize
mammograms based upon the recipient's income.

Institutions receiving grants must report on the frequency of mammogram,
the amount of subsidies provided, and the detection of cancer resulting from
those mammograms.

Effective Date July 1, 1991.

**South Dakota S.D. CODIFIED LAWS ANN. §§ 58-17-1.1, 58-18-36, 58-38-22,
58-40-20, 58-41-35.5**

Scope Reimbursement for Breast Cancer Screening

<i>Woman's Age, Frequency of Mammogram</i>	35-39	Baseline
	40-49	Every two years
	50+	Each year

*Policies
and Limits* Law requires that insurers provide coverage for low-dose screening
mammography.

Law applies to health insurance policies; group health insurance policies;
service or indemnity-type contracts issued by nonprofit medical and surgical
service plan corporations and nonprofit hospital service plan corporations;
and health maintenance organization contracts.

Law does not apply to policies that provide coverage for specified disease or
other limited benefit coverage.

Quality Assurance Law defines low-dose screening mammography.

Equipment must be dedicated specifically for mammography.

Effective Date July 1, 1990.

Tennessee**TENN. CODE ANN. §§ 56-7-1012, 56-7-2502***Scope*

Reimbursement for Breast Cancer Screening

*Woman's Age,
Frequency
of Mammogram*

35-40

Baseline

40-50

Every two years, or more frequently upon physician's recommendation

50+

Each year

Physician referral required.

*Policies
and Limits*

Law requires that insurers providing coverage for surgical services for mastectomy also provide coverage for mammography screening.

Law applies to individual, franchise, blanket, or group health insurance policies; medical service plans; hospital service corporation contracts; hospital and medical service corporation contracts; fraternal benefit societies; and health maintenance organizations.

Law also applies to insurance policies providing benefits only for specified disease if the policies cover mastectomies, unless the policy owner has other insurance covering mammography. The issuer of a specified disease policy has the burden of proving the insured has other insurance that covers mammography.

Law does not apply to Medicare supplemental policies unless mammography is covered under Medicare.

Law does not apply to policies providing only hospital indemnity benefits or to policies providing only benefits for specified accidents.

Quality Assurance

Examination must be performed on dedicated equipment.

Effective Date

July 1, 1989.

Tennessee**TENN. CODE ANN. § 56-7-2504***Scope*

Reimbursement for Chemotherapy and Bone Marrow Transplant for Breast Cancer

Policies and Limits

Law requires insurers to provide coverage for the treatment of cancer by dose-intensive chemotherapy/autologous bone marrow transplants or stem cell transplants. However, this requirement applies only in the event that such coverage is instituted for enrollees in TennCare (the State Medicaid program).

The mandate, if applied, pertains to individual or group accident and sickness insurance policies providing hospital, medical/surgical, or major medical coverage on an expense-incurred basis; individual or group accident and sickness subscription contracts; and health care plans provided by health maintenance organizations. Exempted are short-term travel, long-term care, credit, dental, disability income, medical/surgical supplemental, vision, hospital indemnity, and accident-only insurance; limited or specified-disease policies; and short-term nonrenewable policies of not more than six months duration.

The coverage may be offered at an additional cost, but any deductibles shall not be greater than any other deductibles in the policy, and any copayment shall not exceed the standard copayment required in the policy.

Effective Date

January 1, 1996.

Tennessee**TENN. CODE ANN. § 56-7-2507***Scope*

Reimbursement for Breast Reconstruction and Prosthesis

*Policies
and Limits*

Law requires that insurers that provide benefits for mastectomy also provide coverage for all stages of reconstructive breast surgery on the diseased breast as a result of mastectomy, as well as any surgical procedure on the non-diseased breast deemed necessary to establish symmetry between the two breasts in the manner chosen by the physician. The surgical procedure performed on the non-diseased breast must occur within five years of the date of the surgery performed on the diseased breast.

Benefits do not apply to reconstructive surgery following a lumpectomy.

Coverage for reconstructive breast surgery shall be subject to applicable copayments, coinsurance, and deductibles.

Effective Date

July 1, 1997.

Texas**TEX. HEALTH & SAFETY CODE §§ 86.001 to 86.005***Scope*

Breast Cancer Screening and Education Programs/Alternative Therapies

*Policies
and Limits*

Law directs the Texas Department of Health to publish a standardized written summary, in language a patient can understand, of the advantages, disadvantages, risks, and descriptions of all medically efficacious and viable alternatives for breast cancer treatment.

The Department shall update the summary annually if necessary. An advisory council shall develop the summary.

The Department shall make sufficient copies of the summary available to all physicians in the State. A physician may distribute the summary to a patient when the physician's professional judgment determines it is in the patient's best interest.

Effective Date

September 1, 1991.

Texas**TEX. HEALTH & SAFETY CODE §§ 86.011 to 86.012***Scope*

Breast Cancer Screening and Education Programs

*Policies
and Limits*

Law states that the Texas Center for Rural Health Initiatives, in coordination with the Texas Cancer Council, may provide breast cancer screening in counties with populations of 50,000 or less.

The Center may contract with public or private entities for screening.

The Center may appoint an advisory committee to advise the Office of Rural Health on breast cancer screening.

Effective Date

September 1, 1991.

Texas**TEX. INS. CODE ART. § 3.70-2(H), 3.74(3A)***Scope*

Reimbursement for Breast Cancer Screening

*Woman's Age,
Frequency
of Mammogram*

35+ Each year

*Policies
and Limits*

Law requires that individual or group policy of accident and sickness insurance and Medicare supplement policies include coverage for screening by low-dose mammography for the presence of occult breast cancer.

Law does not apply to policies that provide coverage for specified disease or other limited benefit coverage.

Coverage may not be less favorable than for other radiological examinations and is subject to the same dollar limits, deductibles, and coinsurance factors.

Quality Assurance

Examination must be performed on equipment dedicated specifically for mammography.

Effective Date

September 1, 1987.

Texas

TEX. HEALTH & SAFETY CODE §§ 401.421 to 401.431

Scope

Accreditation of Facilities

Policies and Limits

Law requires certification of mammography systems. Certification is valid for one year.

The Department shall apply under the Mammography Quality Standards Act of 1992 to become an accreditation body and carry out certification program requirements and to implement standards of the U.S. Secretary of Health under that Act.

To receive a mammography certification the mammography system must, at a minimum:

meet criteria as stringent as those of the American College of Radiology Mammography Accreditation Program;

be specifically designed and used for mammography;

be operated by a certified medical radiologic technologist who meets, at a minimum, the requirements for personnel who perform mammography established by the Mammography Quality Standards Act of 1992; and

be used in a facility that meets certification requirements under Mammography Quality Standards Act of 1992, has a licensed medical physicist provide annual on-site consultation, has a quality control program that meets requirements as stringent as those of the American College of Radiology Mammography Accreditation Program, and satisfies specified record keeping requirements.

The Board may accept certification by the American College of Radiology or other recognized organization.

Law provides for applications, renewals, denials, suspensions and revocations, reinstatement of certification, as well as for the collection of an annual fee for certificate holders.

Law provides for annual inspection of each mammography system, and directs facilities that fail this inspection to inform patients of the deficiencies and direct them to another appropriate facility.

Effective Date

July 1, 1994; amended September 1, 1997.

Texas**1997 TEXAS ALS 84; 1997 SENATE BILL 17***Scope*

Reimbursement for Breast Reconstruction

*Policies
and Limits*

Law requires certain health benefit plans to cover reconstructive surgery incident to mastectomy.

Quality Assurance

Defines breast reconstruction.

Effective Date

September 1, 1997.

Utah

UTAH CODE ANN. §§ 26-21a-101 to 26-21a-301

Scope

Accreditation of Facilities/Breast Cancer Screening and Education Programs

Policies and Limits

Law directs that the Utah Department of Health, in consultation with an advisory committee on mammogram quality assurance, make recommendations to the Division of Occupational and Professional Licensing on rules establishing qualifications and quality assurance standards for physician supervisors, physicians interpreting mammograms, and radiological technologists.

A mammogram may only be performed at a facility certified by the Department. The Department shall establish quality assurance standards for facilities performing screening or diagnostic mammography or developing mammogram X-ray films.

Law directs the Department to create a Breast Cancer Mortality Reduction Program, which shall include:

- # education programs for health professionals on skills in cancer screening, diagnosis, referral, treatment, and rehabilitation based on current scientific knowledge;

- # education programs for the public on the benefits of regular breast cancer screening; available resources for screening, diagnosis, referral, treatment and rehabilitation; available treatment options; and

- # subsidized screening programs for low-income women.

Effective Date

January 1, 1992.

Utah**UTAH CODE ANN. §§ 19-3-103.5, 19-3-104***Scope*

Accreditation of Facilities

*Policies
and Limits*

Law authorizes the State board responsible for radiation control to apply to the U.S. Food and Drug Administration for approval as an accrediting body under the Mammography Quality Standards Act of 1992. Pursuant to such approval, the board is authorized to accredit mammography facilities in accordance with the Act, and to review and approve the qualifications of individuals who oversee quality assurance at mammography facilities.

Effective Date

1995 enactment.

Vermont**8 V.S.A § 4100A***Scope*

Reimbursement for Breast Cancer Screening

*Women's Age,
Frequency of
Mammogram*

-50 Upon recommendation of the health care provider

*Policies
and limits*

Law requires that insurers provide coverage for low-dose screening mammograms for determining the presence of occult breast cancer.

Benefits must be at least as favorable as those provided for other radiological examinations under the same policy, and shall be subject to the same dollar limits, deductibles, and coinsurance factors.

Law does not apply to coverage for specified disease or other limited benefit coverage.

Effective Date

January 2, 1991.

Virginia**VA. CODE ANN. § 38.2-3418.1***Scope*

Reimbursement for Breast Cancer Screening

*Woman's Age,
Frequency
of Mammogram*

35-39	Baseline
40-49	Every two years
50+	Each year

Physician referral required.

*Policies
and Limits*

Law requires that insurers provide coverage for low-dose screening mammograms for determining the presence of occult breast cancer.

Law applies to individual or group accident and sickness insurance policies providing hospital, medical and surgical, or major medical coverage on an expense-incurred basis; corporations providing individual or group p accident and sickness subscription contracts; and health maintenance organizations.

Law does not apply to short-term travel, accident-only, limited or specified disease policies, or short-term nonrenewable policies of up to six months duration.

Coverage may be limited to a benefit of \$50 per mammogram, subject to dollar limits, deductibles, and coinsurance factor no less favorable than for physical illness generally.

Quality Assurance

Law defines mammogram.

Examination must use equipment dedicated specifically for mammography and must meet Virginia Department of Health standards.

Examination must be performed by a registered technologist, interpreted by a qualified radiologist, and performed under the direction of a person licensed to practice medicine and surgery who is certified by the American College of Radiology.

The facility must retain the mammography film in accordance with American College of Radiology guidelines or Virginia law.

Effective Date

January 1, 1990.

Virginia

VA. CODE ANN. § 2.1-20.1(B)

Scope

Reimbursement for Breast Cancer Services for Public Employees

Woman's Age, Frequency of Mammogram

35-39	Baseline
40-49	Every two years
50+	Each year

Policies and Limits

Mammography

Law requires that State employees' health insurance plan provide coverage for low-dose screening mammograms for determining the presence of occult breast cancer.

Coverage may be limited to a benefit of \$50 per mammogram, subject to dollar limits, deductibles, and coinsurance factor no less favorable than for physical illness generally.

Treatment

Law requires plan to cover the treatment of breast cancer by dose-intensive chemotherapy with autologous bone marrow transplants or stem cell support.

Reconstructive Surgery

Law requires plan to include coverage for reconstructive breast surgery coincident with a mastectomy performed for breast cancer or following a mastectomy performed for breast cancer to reestablish symmetry between the two breasts (this provision is effective July 1, 1998).

Length of Stay Following Mastectomy

Law requires plans to include coverage providing a minimum stay in the hospital of not less than 48 hours of inpatient care following a total mastectomy or partial mastectomy with lymph node dissection for treatment of breast cancer, except when a shorter stay has been deemed sufficient by the physician in consultation with the patient.

Quality Assurance Law defines mammogram; examination must use equipment dedicated specifically for mammography. Mammograms must be ordered by a health care practitioner acting within the scope of his or her licensure, and in the care of an enrollee of a health maintenance organization, by the health maintenance organization physician; performed by a registered technologist; interpreted by a qualified radiologist; and performed under the direction of a person licensed to practice medicine or surgery and certified by the American Board of Radiology or an equivalent examining body. In addition, a copy of the mammogram must be sent to the health care practitioner who ordered it, and the equipment used must meet standards set forth by the Virginia Department of Health in its radiation protection standards.

Covered treatments must be performed by clinical programs authorized to provide such therapies under clinical trials sponsored by the National Cancer Institute.

Effective Date 1984 enactment; amended March 18, 1995.

Virginia**VA. CODE ANN. § 32.1-325***Scope*

Reimbursement for Breast Cancer Treatment for Recipients of Medical Assistance

*Policies
and Limits*

Law requires a payment of medical assistance to cover the treatment of breast cancer (or lymphoma) in individuals over the age of 21 by high-dose chemotherapy and bone marrow transplants if they have been determined by the treating health care provider to have a performance status sufficient to proceed with such treatment.

Law provides that appeals of these cases shall be handled in accordance with the health department's expedited appeals process.

Effective Date

280 Days from March 21, 1997.

Virginia

VA. CODE ANN. § 54.1-2971

Scope

Alternative Therapies/Informed Consent for Treatment of Breast Cancer

*Policies
and Limits*

Law requires the execution of a consent form before a physician operates on a patient for a breast tumor.

The consent form must include the following:

"CONSENT FOR TREATMENT OF BREAST TUMOR"

Sign option (a) or option (b), or option (a) and option (b).

(a) I authorize Dr..... to perform a Breast Biopsy

.....

Side (right and/or left)

.....

Patient's or other authorized person's signature

(b) If it is determined that I have a malignant tumor in my breast or other breast abnormality requiring surgery, then I authorize Dr..... to perform such operations or procedures, including breast removal, which are deemed necessary.

Procedure:

.....

.....

Patient's or other authorized person's signature

Effective Date

1984 enactment.

Virginia**VA. CODE ANN. § 38.2-3418.1:1***Scope*

Reimbursement for Chemotherapy and Bone Marrow Transplant for Breast Cancer

*Policies
and Limits*

Law requires insurers to provide coverage for the treatment of cancer by dose-intensive chemotherapy/autologous bone marrow transplants or stem cell transplants when performed pursuant to protocols approved by the institutional review board of any United States medical teaching college including, but not limited to National Cancer Institute protocols that have been favorably reviewed and utilized by hematologists or oncologists experiences in these treatments.

The coverage shall not be subject to any greater copayment than that applicable to any other coverage provided by such policies, and the coverage shall be subject to the same deductible as that applicable to other coverage. A deductible for this coverage in a different amount may, however, be offered and made available.

Law applies to accident and sickness policies providing hospital, medical and surgical, or major medical coverage on an expense-incurred basis; accident and sickness subscription contracts; and health maintenance organizations.

Law does not apply to short-term travel, accident-only, limited or specified disease policies or short-term, nonrenewable policies of less than six months' duration.

Effective Date

January 1, 1990.

Virginia**1998 VA. SENATE BILL 679***Scope*

Reimbursement for Breast Reconstruction/Prosthesis

*Policies
and Limits*

Law requires that each insurer issuing an individual or group accident or insurance policy providing a health care plan or health care services shall provide coverage for reconstructive breast surgery.

Effective Date

July 1, 1998.

Virginia**1998 VA. HOUSE BILL 542***Scope*

Reimbursement for Length of Stay Following Mastectomy

*Policies
and Limits*

Law requires that each insurer issuing an individual or group accident or insurance policy shall provide coverage for a minimum stay in the hospital of not less than 48 hours for a patient following a radical or modified mastectomy, and not less than 24 hours of inpatient care following a total mastectomy or a partial mastectomy with lymph node dissection for the treatment of breast cancer, except when a shorter stay has been deemed sufficient by the physician in consultation with the patient.

This law does not apply to short-term travel; accident only; limited or specified disease policies; policies or contracts designed for issuance to persons eligible for coverage under Medicare; or any other similar coverage under state or federal government plans, or to short-term nonrenewable policies of not more than six months duration.

Effective Date

July 1, 1998.

Washington**WASH. REV. CODE ANN. §§ 41.05.180, 48.20.393,
48.21.225, 48.44.325, 48.46.275***Scope*

Reimbursement for Breast Cancer Screening

*Woman's Age,
Frequency
of Mammogram*

Not stipulated.

Recommendation by physician, advanced nurse practitioner, or physician's assistant required.

*Policies
and Limits*

Law requires that insurance policies providing coverage for hospital or medical expenses provide coverage for screening or diagnostic mammography.

Law applies to disability insurance policies, group disability policies, health care service contracts, health maintenance organizations, and public employee health plans.

Law does not apply to Medicare supplement policies or supplemental contracts covering specified disease or other limited benefits.

Law does not prevent the application of standard policy provisions such as copayment or deductible provisions applicable to other benefits. Law does not limit insurer's authority to negotiate with providers for delivery of mammography services.

Quality Assurance

Not indicated.

Effective Date

January 1, 1990.

Washington

**WASH. REV. CODE ANN. §§ 48.20.395, 48.21.230,
48.44.330, 48.46.280**

Scope

Reimbursement for Breast Reconstruction and Prosthesis

*Policies
and Limits*

Law requires that insurers provide benefits for reconstructive breast surgery resulting from a mastectomy that resulted from disease, illness, or injury.

Law applies to disability insurance policies, group disability policies, health care service contracts, and health maintenance organizations.

Law (as amended effective January 1, 1986) also requires that insurers provide coverage for all stages of one reconstructive breast reduction on the non-diseased breast to make it equal in size with the diseased breast after definitive reconstructive surgery.

Effective Date

July 24, 1983.

Washington

**WASH. REV. CODE ANN. §§ 48.20.397, 48.21.235
48.44.335, 48.46.285**

Scope

Restrictions on Denial of Insurance Coverage for Breast Cancer Survivors

*Policies
and Limits*

Law states that no insurer may refuse to issue, cancel, or decline to renew a contract or policy solely because of a mastectomy or lumpectomy performed on the insured more than five years previously.

Law prohibits any restriction, modification, exclusion, increase, or reduction in the amount of benefits payable, or any term, rate, condition, or type of coverage solely based on a mastectomy or lumpectomy performed on the insured more than five years previously.

Effective Date

January 1, 1986.

West Virginia W.VA. CODE ANN. §§ 16-33-1 to 16-33-12

Scope Breast Cancer Screening and Education Programs/Fund for Breast Cancer Diagnosis and Treatment

Policies and Limits *Breast and Cervical Cancer Detection and Education Program*
Law establishes the Breast and Cervical Cancer Detection and Education Program. The program is established to promote screening and detection of breast and cervical cancers among unserved or underserved populations, to educate the public regarding breast and cervical cancers and the benefits of early detection, and to provide counseling and referral services.

The West Virginia Director of Health shall make grants to approved organizations for the provision of services relating to the screening and detection of breast and cervical cancers.

Law creates the Breast and Cervical Cancer Detection and Education Program Coalition to advise the Director. The Director shall report annually to the Governor and Legislature concerning the operation of the program.

Breast and Cervical Cancer Diagnostic and Treatment Fund
Law establishes the Breast and Cervical Cancer Diagnostic and Treatment Fund for the care of indigent patients requiring diagnostic or treatment services for breast or cervical cancer.

The Fund shall be administered by the Office of Maternal and Child Health within the Bureau of Public Health, and may include moneys appropriated by the Legislature or received from the Federal Government or other public and private sources.

Procedures and requirements for use of the Fund shall be established by the medical advisory committee of the Breast and Cervical Cancer Detection and Education Program Coalition.

To be financially eligible for services reimbursed by the Fund, a patient cannot be covered by Medicaid, Medicare, or other medical insurance, and must have an income at or below 200 percent of the Federal poverty level. To be medically eligible for diagnostic services, a patient must have a condition strongly suspicious of cancer and need diagnostic services to confirm a preliminary diagnosis. A positive pathology report is required to be eligible for treatment services.

The Fund is the payor of last resort. Payments for services shall be at the prevailing rates established by Medicare.

Effective Date July 1, 1992; amended in 1996.

West Virginia **W.VA. CODE ANN. §§ 33-15-4c, 33-16-3g, 33-24-7b, 33-25-8a, 33-25A-8a**

Scope Reimbursement for Breast Cancer Screening

<i>Woman's Age, Frequency of Mammogram</i>	35-39	Baseline
	40-49	Every two years, or more frequently upon physician's recommendation
	50+	Each year

Physician's referral required.

*Policies
and Limits* Law requires that insurance policies covering laboratory or X-ray services also cover mammograms.

Law applies to individual and group accident and sickness policies; health maintenance organizations; health care corporations; and hospital, medical, dental, and health service corporations.

The insurer may apply the same deductibles, coinsurance, and other limitations as apply to other covered services.

Quality Assurance Not indicated.

Effective Date July 1, 1989.

West Virginia W.VA. CODE ANN. §§ 5-16-7, 5-16-9

Scope Reimbursement for Breast Cancer Screening for Public Employees

<i>Woman's Age,</i>	35-39	Baseline
<i>Frequency</i>		
<i>of Mammogram</i>	40-49	Every two years, or as needed
	50+	Every year

Policies and Limits Law requires that the health insurance plan for public employees provide coverage for X-ray services in connection with mammograms performed for cancer screening or diagnostic purposes.

The plan covers employees of State agencies and county boards of education, as well as employees of participating counties, cities, towns, and other public agencies.

Quality Assurance Not indicated.

Effective Date Last amended April 1, 1996.

Wisconsin**WIS. STAT. ANN. § 255.06***Scope*

Breast Cancer Screening and Education Programs

*Policies
and Limits*

Law establishes the Breast Cancer Screening Program. The program provides grants for women 40 years and older residing in the 12 rural counties with the highest incidence of late-stage breast cancer.

The State makes grants to approved hospitals or organizations that have available mammography units for use in the service areas. The amount of payment for services depends upon the income-level and availability of third-party payment.

Effective Date

May 11, 1990.

Wisconsin**WIS. STAT. ANN. § 632.895(8)***Scope*

Reimbursement for Breast Cancer Screening

*Woman's Age,
Frequency
of Mammogram*

45-49 Two examinations

50+ Each year

Physician's or nurse practitioner's referral required, with specified exceptions.

*Policies
and Limits*

Law requires that disability insurance policies provide coverage for low-dose mammography to screen for the presence of breast cancer.

Law applies to surgical, medical, hospital, major medical, or other health service coverage.

Law does not apply to policies covering specified diseases, limited service health organization plans, Medicare replacement policies, Medicare supplement policies, and long-term care policies.

Coverage may only be subject to exclusions and limitations that apply to other radiological examinations.

Quality Assurance

Law defines low-dose mammography.

Examination must use equipment dedicated specifically for mammography.

Effective Date

March 31, 1990.

Wyoming**1998 WY. SENATE ENROLLED ACT NO. 9**

<i>Scope</i>	Reimbursement for Breast Cancer Screening
<i>Woman's Age, Frequency of Mammogram</i>	Not stipulated
<i>Policies and Limits</i>	<p>Law requires individual and group insurance policies issued or delivered on or after January 1, 1999 to disclose (on the face of the policy in type of no less than 14 point bold) the extent to which the policy includes comprehensive adult wellness benefits, including testing for breast cancer.</p> <p>Benefits are not subject to policy deductibles and must provide a minimum benefit equal to 80 percent of the reimbursement allowance under the private health benefit plan with a maximum of 20 percent coinsurance by the insured and which provide a benefit structure to the insured equal to a minimum of \$150 per insured adult per calender year.</p>
<i>Quality Assurance</i>	Not stipulated.
<i>Effective Date</i>	July 1, 1998.

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